2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K85392

REFUSE MANAGEMENT, INC.



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

540 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714 Mailing Address

540 DOUGLAS AVE

ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPACE

02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2962737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

GERJEL, GREGORY P ESQ 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

8. The above named antity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. SIGNATURE FILE NOWIST FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. CALABRESE, EUGENE \$40 DOUGLAS AVE TRUE MAVE SIRES ANDRESS SITES J.2P RTILE MAVE SIRES ANDRESS SITES ANDRESS SITES J.2P RTILE MAVE SIRES ANDRESS SITES J.2P RTILE MAVE SIRES ANDRESS SITES ANDRESS SITES J.2P RTILE MAVE SITES ANDRESS SIT							
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITIEE PD CALABRESE, EUGENE STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET AD		Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Registere	d Ag ent signalur	e required when reinstating)	DATE	
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	VAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR