


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007363	
1. Entity Name THE ZERO WASTE COLLIER COUNTY GROUP INC.	

Principal Place of Business 1086 MICHIGAN AVE. NAPLES, FL 34103 CO	Mailing Address 1086 MICHIGAN AVE. NAPLES, FL 34103 CO
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04162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 14-1847045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
KRASOWSKI, BOB S 1086 MICHIGAN AVE. NAPLES, FL 34103	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	S/T
NAME	KRASOWSKI, JAN M
STREET ADDRESS	1086 MICHIGAN AVE.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	ADVI
NAME	MANSIKA, JOHN H
STREET ADDRESS	2721 BRANCH LN.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	PD
NAME	KRASOWSKI, BOB S
STREET ADDRESS	1086 MICHIGAN AVE.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000312154
04/18/05-80072-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Bob Krasowski Bob Krasowski 04/16/2005 239-434-0786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #