

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 03, 2005
Secretary of State

DOCUMENT# N02000007363

Entity Name: THE ZERO WASTE COLLIER COUNTY GROUP INC.**Current Principal Place of Business:**1086 MICHIGAN AVE.
NAPLES, FL 34103**New Principal Place of Business:****Current Mailing Address:**1086 MICHIGAN AVE.
NAPLES, FL 34103**New Mailing Address:****FEI Number:** 14-1847045**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRASOWSKI, BOB S
1086 MICHIGAN AVE.
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** S/T () Delete
Name: KRASOWSKI, JAN M
Address: 1086 MICHIGAN AVE.
City-St-Zip: NAPLES, FL 34103 CO**Title:** ADVI () Delete
Name: MANSIKA, JOHN H
Address: 2721 BRANCH LN.
City-St-Zip: NAPLES, FL 34109 CO**Title:** PD () Delete
Name: KRASOWSKI, BOB S
Address: 1086 MICHIGAN AVE.
City-St-Zip: NAPLES, FL 34103 CO**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S/T (X) Change () Addition
Name: KRASOWSKI, JAN M
Address: 1086 MICHIGAN AVE.
City-St-Zip: NAPLES, FL 34103 US**Title:** ADVI (X) Change () Addition
Name: MULLER, ALAN
Address: BOX 69
City-St-Zip: PORT PENN, DE 19731 US**Title:** PD (X) Change () Addition
Name: KRASOWSKI, BOB S
Address: 1086 MICHIGAN AVE.
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB KRASOWSKI

PD

11/03/2005

Electronic Signature of Signing Officer or Director_____
Date