

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007363

FILED
Apr 27, 2006
Secretary of State

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 US

Title: ADVI () Delete
Name: MULLER, ALAN
Address: BOX 69
City-St-Zip: PORT PENN, DE 19731 US

Title: PD () Delete
Name: KRASOWSKI, BOB S
Address: 1086 MICHIGAN AVE.
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAN KRASOWSKI

S/T

04/27/2006

Electronic Signature of Signing Officer or Director

Date