

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007363

FILED  
Mar 15, 2009  
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: ADVI (X) Change ( ) Addition  
Name: KRASOWSKI, BENJAMIN M  
Address: 12171 BEACH BLVD. #1723  
City-St-Zip: JACKSONVILLE, FL 32246

Title: PRES (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 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: BOB S. KRASOWSKI

PRES

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date