

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90032 048 ***150.00

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1. Entity Name

SUMTER RECYCLING AND SOLID WASTE DISPOSAL, INC.



Principal Place of Business

**453 COUNTY ROAD 486
LAKE PANASOFFKEE FL 33538**

Mailing Address

**P OB OX 949
LAKE PANASOFFKEE FL 33538**

34047553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSER, RANDY
453 CR 489
LAKE PANASOFFKEE FL 33538**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	☐ Delete
NAME	STRANGE, CHARLES E JR	
STREET ADDRESS	1245 E NORVELL BRYANT HIGHWAY	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	DS	☐ Delete
NAME	MALININ, THEODORE	
STREET ADDRESS	360 ATLANTIC RD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	☐ Delete
NAME	HAIN, RICHARD L	
STREET ADDRESS	4239 S PADDOCK PT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	☐ Delete
NAME	MALININ, THEODORE	
STREET ADDRESS	1245 E NORVELL BRYANT HIGHWAY	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	P	☐ Delete
NAME	MESSER, RANDY	
STREET ADDRESS	375 CR 489	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

Date

Daytime Phone #

4-6-04