

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000000840

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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**HAUFLER, MONICA
1712 SE 35TH LN
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, SCOTT A 7614 E ALLEN DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRANGE, CHARLES JR 5851 E TURKEY TRAIL HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAUFLER, MONICA 1712 S.E. 35TH LANE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAN, CHARLES S 285 NESBITT TERRACE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, CHARLES S JR 10032 BROMPTON DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/08/07-80013-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Monica Haufler Monica Haufler 1/03/07 (352)568-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #