2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P00000000840

Entity Name: SUMTER RECYCLING AND SOLID WASTE DISPOSAL, INC.

Current Principal Place of Business:

453 COUNTY ROAD 486
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

P OB OX 949
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

PO BOX 949
LAKE PANASOFFKEE, FL 33538

FEI Number: 59-3619001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ADAMS, SCOTT A
Address: 7614 E ALLEN DR
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: STRANGE, CHARLES JR
Address: 5851 E TURKEY TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: ST ( ) Delete
Name: HAUFLER, MONICA
Address: 1712 S.E. 35TH LANE
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: DEAN, CHARLES S
Address: 285 NESBITT TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: P ( ) Delete
Name: DEAN, CHARLES S JR
Address: 10032 BROMPTON DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ADAMS, SCOTT A
Address: PO BOX 1383
City-St-Zip: INVERNESS, FL 34450

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA HAUFLER S/T 01/04/2008

Electronic Signature of Signing Officer or Director Date