2005 FOR PROFIT CORPORATION

FILED Apr 18, 2005 08:00 AM

| | ANNOAL | | r- | 7 | G. | | |
|--|--|--|--|---|--|--|---------------------|
| DOCUMENT # P0000015878 1. Entity Name LEE BROTHERS HOLSBERRY LANDFILL, INC. | | | | | Se | cretary of | State |
| | <u> </u> | | - | | | | |
| Principal Plac | | Mailing Address | | | | | |
| | LSBERRY ROAD , FL 32534-1335 | 4281 LUTHER FOWLER RD. PACE, FL 32571 | | | | | |
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| | | | | 59-362 | 6190 | \$8.75 Addit | Applicable |
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| | 6. Name and Address of Current Re | gistered Agent | | | | The state of the s | |
| LEE, DOY | | | | no | NOT W | RITE | |
| 4281 LUTI PACE, FL | HER FOLVLER RD. 32571 | | | | Patrioth Book 1-th 35- | hara da italia sun | |
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| | e named entity submits this statement for the named entity submits the statement for the name of registered agent. | ne purpose of changing its register | ed office or register | ed agent, or bo | th, in the State of Flo | ida. I am familiar with, a | ind accept |
| SIGNATURE. | | | | <u></u> | | | |
| | Signature, typod of printed name of registered agent and | Lille if explicable - (NOTE, Register | ed Agent algnature required | i when reinstating) | | DATE | |
| Fil. After M | E NOWII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | S. Election Campaign Fina Trust Fund Contribution. | | .00 May Be led to Fees | | | |
| 10. | OPFICERS AND DI | RECTORS | algorithm) valual | . 斯兰古歌 64. | | | LEMBO |
| TITLE NAME | LEE, DOYLE | | | | | | |
| STREET ADDRESS | 4281 LUTHER FOWLER RD. | | | | | | |
| CITY-ST-ZIP | PACE, FL 32571 | | - Lister | | | | |
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| STREET ADDRESS | 5015 RENDY KAY LANE | | 2.4 474 2.4 474 2.4 534 (he) | TTT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ## 04/15/ff | 10314795 -80007-024 1 | 27 |
| CITY-ST-ZIP | MILTON, FL 32570 | · · · · · · · · · · · · · · · · · · · | went in the contract of | oo lik like garakkat is | | 민준화생활화 생활됐다. | |
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| CITY-ST-ZIP | | | | 14666888 6048894 | POLICE CO. | | |
| CITY-ST-ZIP TITLE | | | | | | | |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: | Dorle | Sec. | Trea | O Do | yle | hee | 4/14 | 051 | 850)994 | -846 |
|------------|--|------|------|-------------|-----|-----|--------|-----|------------------|--------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | OR DIRECTOR | t | | Data / | | Daytime Prione # | . == • |