

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90030 042 ***150.00

DOCUMENT # P00000040084

1. Entity Name

MANAGED WASTE SOLUTIONS, INC.



Principal Place of Business

1190-20TH ST. NORTH
ST. PETERSBURG FL 33713

Mailing Address

1190-20TH ST. NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2977498

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

ACCOMANDO, RONALD
1190 20 ST NO
SAINT PETERSBURG FL 33713

Name

JAMES BYRNE P.A.

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

540 4TH STREET NO

City

SAINT PETERSBURG

FL

Zip Code

33701

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 removing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PS
NAME ACCOMANDO, GENEVIEVE ☒ Delete
STREET ADDRESS 10109 PARADISE BLVD.
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE V
NAME ACCOMANDO, KATHRYN ☒ Delete
STREET ADDRESS 10109 PARADISE BLVD.
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE T
NAME OSTRANDER, ARLENE ☒ Delete
STREET ADDRESS 2888 AUTUMN GREEN DR.
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ACCOMANDO, RONALD ☐ Change ☐ Addition
STREET ADDRESS 12 MARINA TERRACE
CITY-ST-ZIP TREASURE ISLAND FL 33706

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 exemptions contained in Section 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:

RONALD ACCOMANDO

3/28/08

727-896-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #