2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90205 003 ***150.00

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1. Entity Name
SOPRANOS WASTE MANAGEMENT CORPORATION

64011640

02182004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~9700 MERLE ROAD N~~ ~~FORT MYERS, FL 33903~~	~~1325 C DEL PEADO BLVD~~ ~~CAPE CORAL, FL 33990~~

2. Principal Place of Business	3. Mailing Address
4206 Fowler Street	125 SE 13th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: Cape Coral FL
Zip: 33901 Country: Lee	Zip: 33990 Country: Lee

4. FEI Number: 65-1001160 ☐ 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
CARY, DAVID W 1325 C DEL PEADO BLVD S CAPE CORAL, FL 33990	Name: PHIL ROBERTS Street Address (P.O. Box Number is Not Acceptable): 4206 FOWLER ST. City: FT. Myers FL Zip Code: 33901

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: ✓ _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ANNAZONE, ANTHONY 9700 MERLE DRIVE FORT MYERS, FL 33903	☑ Delete	DPST ROBERTS, PHIL 125 SE 13th AVENUE CAPE CORAL FL 33990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARY, DAVID W 1325 C DEL PEADO BLVD CAPE CORAL, FL 33990	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ✓ _____ ✓ 04/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #