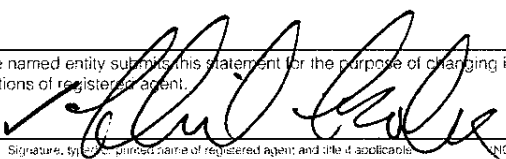
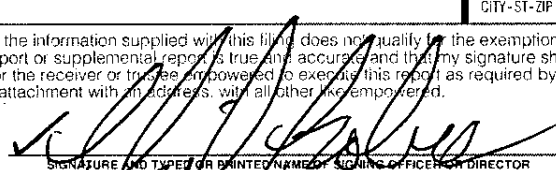


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90205 003 ***150.00

DOCUMENT # P00000042327 1. Entity Name SOPRANOS WASTE MANAGEMENT CORPORATION																																																																																																																	
Principal Place of Business 9700 MERLE ROAD N FORT MYERS, FL 33903			Mailing Address 1325 C DEL PEADO BLVD CAPE CORAL, FL 33990																																																																																																														
2. Principal Place of Business 4206 Fowler Street		3. Mailing Address 125 SE 13th AVE		64061640 																																																																																																													
City & State FT. MYERS, FL		City & State Cape Coral FL		4. FEI Number 65-1001160																																																																																																													
Zip 33901		Country Lee		5. Certificate of Status Desired ☐ \$8.75 / additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent CARY, DAVID W 1325 C DEL PEADO BLVD S CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent 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.																																																																																																																	
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Signature, typewritten printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																	
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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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">DPST</td> <td style="width: 20%; text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>ANNAZONE, ANTHONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9700 MERLE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33903</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>CARY, DAVID W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1325 C DEL PEADO BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">DPST</td> <td style="width: 20%; text-align: right;">☐ Change: ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>ROBERTS, PHIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>125 SE 13th AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL FL 33990</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change: ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change: ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change: ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	DPST	☒ Delete	NAME	ANNAZONE, ANTHONY		STREET ADDRESS	9700 MERLE DRIVE		CITY-ST-ZIP	FORT MYERS, FL 33903		TITLE	D	☒ Delete	NAME	CARY, DAVID W		STREET ADDRESS	1325 C DEL PEADO BLVD		CITY-ST-ZIP	CAPE CORAL, FL 33990		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DPST	☐ Change: ☒ Addition	NAME	ROBERTS, PHIL		STREET ADDRESS	125 SE 13th AVENUE		CITY-ST-ZIP	CAPE CORAL FL 33990		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		
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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.																																																																																																																	
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