2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PQ0000069716

1. Entity Name

ALL SOUTH SOLID WASTE, INC.



FILED Apr 29, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Applied For Not Applicable

Principal Place of Business

18323 CR 250 LIVE OAK, FL 32060 Mailing Address

18323 CR 250 LIVE OAK, FL 32060



20	NOT	WRITE	INI	PIHT	SPACE		
	IVOI	AA: ##: #**		11113	SFACE	4. FEI Number 59-3659848	-

6. Name and Address of Current Registered Agent

PREVATT, JAMES W JR 105 N. OHIO AVENUE LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

No Chg-P

02172004

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registers	ed office or r	egistered agent, or be	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little is	fapplicable (NOTE Registered	Agent signature	Agent signature required when reinstating) DATE		
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			••	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSIC, DENNIS 18323 C.R. 250 LIVE OAK, FL 32060				U00000138400 04/29/04-8008 0-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PREVATT, JAMES W JR 105 N. OHIO AVENUE LIVE OAK, FL 32060	i				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		i		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i				
TITLE		.				

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:

STREET ADDRESS CITY-ST-ZIP

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-27-04

386-458-1598 Davime Phone #