

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061085

1. Entity Name
SETTLED SOLIDS MANAGEMENT, INC.



Principal Place of Business
**755 N. OREGON ST.
LAKE MONROE, FL 32747**

Mailing Address
**PO BOX 470800
LAKE MONROE, FL 32747-0800**



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, DAVID C
300 S ORANGE AVE.
LINCOLN PLAZA, STE. 1400
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMS, KEN PO BOX 470363 LAKE MONROE, FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, RONALD H 215 ROYAL OAKS CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIMS, JERRY K PO BOX 470463 LAKE MONROE, FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, CONNIE 273 SILVER BRANCH TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RALPH 478 E. ALTAMONTE DR., STE 108 ALTAMONTE SPRINGS, FL 327014615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLISON, JOHN T 279 VISTA OAK DR. LONGWOOD, FL 32779

1101000274328
03/24/05-80007-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

Connie Roberts **CONNIE ROBERTS**

3/21/05 (407)322-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #