


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 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
DO NOT WRITE IN THIS SPACE		
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIMS, JERRY K PO BOX 470463 LAKE MONROE, FL 327470463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, RONALD H P.O. BOX 149 OAK HILL, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RALPH 478 E. ALTAMONTE DRIVE, STE 108 ALTAMONTE SPRINGS, FL 327014615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, CONNIE 273 SILVER BRANCH TRAIL DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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: <u>Connie Roberts</u> CONNIE ROBERTS <u>3/5/07</u> <u>407-322-0330</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3733603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000657739
03/15/07-80009-016 150.00

**DO NOT WRITE
IN THIS SPACE**