

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90282 003 ***150.00

DOCUMENT # P01000086375

1. Entity Name
FLORIDA FILL HAULERS OF LAND O'LAKES, INC.



Principal Place of Business
4946 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

Mailing Address
4946 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI-Number
59-3758289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, SAM I
601 E TWIGGS ST, SUITE 200
TAMPA, FL 33602

**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/D REENE, ROBERT D SR 4946 LAND O' LAKES BLVD LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEENE, ROBERT D JR 4946 LAND O' LAKES BLVD LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEENE, DAVID T 1405 JENMAJO LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, CYNTHIA I 14198 CINNAMAN LANE WEEKI WACHEE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Cynthia I Hughes 4.25.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813.996.2760