

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117385

**FILED**  
**May 12, 2011**  
**Secretary of State**

**Entity Name:** CONSOLIDATED WASTE SYSTEMS INC.

**Current Principal Place of Business:**

850 DR. M.L.K. BLVD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60173  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 65-1158976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWEETON, CHARLES R  
308 N.W. 22ND PLACE  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SWEETON, CHARLES R  
Address: 308 N.W. 22ND PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: V  
Name: STRAUB, MICHAEL A  
Address: 454 BLACK MEADOW RD  
City-St-Zip: CHESTER, NY 10918

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES SWEETON

PRES

05/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date