

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 046 ***150.00

DOCUMENT # PC2000009971

1. Entity Name

ALL WASTE, INC.



Principal Place of Business

5918 LANE CIRCLE SOUTH
JACKSONVILLE FL 32254

Mailing Address

5918 LANE CIRCLE SOUTH
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0580392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANELLO, DUANE C
1919-8 BLANDING BLVD
JACKSONVILLE FL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROMANELLO, BRIAN J	
STREET ADDRESS	5918 LANE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHUNG, JAE H	
STREET ADDRESS	5918 LANE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PAPPAS, SUSAN A	
STREET ADDRESS	5918 LANE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, FIDEL	
STREET ADDRESS	5918 LANE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	T	<input type="checkbox"/> Delete
NAME	SACAQUINI, NICOLAU	
STREET ADDRESS	5918 LANE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Romanello	
STREET ADDRESS	7588 Wilson Blvd	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Fidel	
STREET ADDRESS	7588 Wilson Blvd	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sacaquini, Nicolau	
STREET ADDRESS	7588 Wilson Blvd	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Romanello President 4/28/04

Date

Daytime Phone #

904-509-5186