

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100539

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: ALLSTAR DISPOSAL & HAULING, INC.

**Current Principal Place of Business:**

18290-A PAULSON DRIVE  
UNIT A-3  
PORT CHARLOTTE, FL 33954 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49433  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

P.O. BOX 494233  
PORT CHARLOTTE, FL 33949

FEI Number: 14-1845677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, JULIE M  
17004 EDGEWATER DRIVE  
PORT CHARLOTTE, FL 33948 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, JULIE M  
Address: 17004 EDGEWATER DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Delete  
Name: ROUGHTON, DENNIS O  
Address: 17004 EDGEWATER DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T ( ) Delete  
Name: SMITH, JULIE M  
Address: 17004 EDGEWATER DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S ( ) Delete  
Name: ROUGHTON, DENNIS D  
Address: 17004 EDGEWATER DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIE SMITH

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date