


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000121554</b> 1. Entity Name ALL DEBRIS, INC.	
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Principal Place of Business 7300 CRILL AVENUE BOX 65 PALATKA, FL 32177	Mailing Address 7300 CRILL AVENUE BOX 65 PALATKA, FL 32177
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**DO NOT WRITE IN THIS SPACE**

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0898861	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  HERRINGTON, ADAM 7300 CRILL AVENUE BOX 65 PALATKA, FL 32177
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**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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRINGTON, ADAM 258 EAST END ROAD SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERRINGTON, WILLIAM J 7324 CRILL AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HERRINGTON, TARA 258 EAST END ROAD SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/21/04-80035-012 150.00

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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.

<b>SIGNATURE:</b> <u>Adam Herrington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-15-04</u> <small>Date</small>	<u>386-328-9898</u> <small>Daytime Phone #</small>
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