


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 044 ***150.00

DOCUMENT # P02000128633	
1. Entity Name A & F WASTE SERVICES INC.	

Principal Place of Business 560 S TRIPLET LAKE DR CASSELBERRY, FL 32707	Mailing Address 560 S TRIPLET LAKE DR CASSELBERRY, FL 32707
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2. Principal Place of Business 1685 TIMOCUAN WAY	3. Mailing Address 1685 TIMOCUAN WAY
Suite, Apt. #, etc. # 117	Suite, Apt. #, etc. # 117
City & State Longwood, FL	City & State Longwood FL
Zip 32750	Zip 32750
Country USA	Country USA

	
01122004	Chg-P
CR2E034 (10/03)	
4. FEI Number 16-1645331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ARCULEO, PETER J 560 S TRIPLET LAKE DRIVE CASSELBERRY, FL 32707	

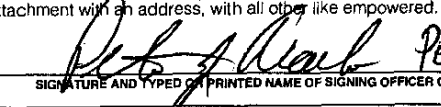
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
ARCULEO, PETER J	
510 S TRIPLET LAKE DRIVE	
CASSELBERRY, FL 32707	
TITLE VP	<input type="checkbox"/> Delete
FELLOWS, MARK	
5700 PIERCE STREET	
HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	
MARK FELLOWS	
1516 WAR ADMIRAL DRIVE	
DELAND, FL 32724	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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: 	PETER J. ARCULEO, PRES. 4/16/04 407-331-7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #