


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 032 ***150.00

DOCUMENT # P02000128633					
1. Entity Name A & F WASTE SERVICES INC.					
Principal Place of Business 1685 TIMOCUAN WAY #117 LONGWOOD FL 32750			Mailing Address 1685 TIMOCUAN WAY #117 LONGWOOD FL 32750		
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 16-1645331	
				Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCULEO, PETER J 510 S TRIPLET LAKE DRIVE CASSELBERRY FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARGARET A. SCHWALEN 1215 QUINTUPLET COURT CASSELBERRY, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELLOWS, MARK 1685 TIMOCUAN WAY #117 DELAND FL 32724 LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELLOWS, MARK 1516 WAR ADMIRAL DRIVE DELAND, FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/04)

SIGNATURE: Margaret A. Schwalen Secretary 2/25/05 407 331-7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #