2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P02000128633 1. Entity Name 02-28-2005 90219 032 ***150.00 A & F WASTE SERVICES INC. Principal Place of Business Mailing Address 1685 TIMOCUAN WAY #117 1685 TIMOCUAN WAY #117 LONGWOOD FL 32750 DAATSOTA LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 16-1645331 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARCULEO, PETER J 560 S TRIPLET LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE SECRETARY ☐ Delete TITLE Change Addition MARGARET A. SCHWALEN 1215 QUINTUPLET COURT ARCULEO, PETER J NAME STREET ADDRESS 510 S TRIPLET LAKE DRIVE STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE ☐ Defete TITLE Addition FELLOWS, MARK FELLOWS, NARK NAME NAME STREET ADDRESS 1685 TIMOCUAN WAY #117 STREET ADDRESS 1516 WAR ADMINAL DRIVE CITY-ST-ZIP DELAND FL 32724-CONAWOO. 2750 CITY-ST-ZIP DELAND, FL 32724 Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: Margaret & Schwaler Secretary 2/25/05 407 331-7921

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.