2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc

City & State

City & State

Zip | Country

Zip | Country

1st MOORE CR2E034 (10/06)

4. FEI Number 16-1645331 | Applied For | Not Applicat

5. Certificate of Status Desired ☐ **$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 acco the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ARCULEO, PETER J	
STREET ADDRESS	1685 TIMOCUAN WAY #117	
CITY ST ZIP	LONGWOOD FL 32750	
TITLE	VP	☐ Delete
NAME	FELLOWS, MARK	
STREET ADDRESS	1516 WAR ADMIRAL DR	
CITY ST ZIP	DELAND FL 32724	
TITLE	S	☐ Delete
NAME	SHWALEN, MARGARET A	
STREET ADDRESS	1215 QUINTUPLET COURT	
CITY ST ZIP	CASSELBERRY FL 32707	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	U00000609668 02/01/07-80059-017 150.00	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
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CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatio 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 directo 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret A. Schwalen, MARGARET A. SCHWALEN 1/25/07 407-331-7921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #