## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: The I ma J. Granger Jhelma J. Branger Signature and typed on Printed Name of Signature on Orficer o

## **FILED** Mar 04, 2005 8:00 am Secretary of State

3/1/05

(850) 277-1001 Dayume Phone #

DOCUMENT # P03000026703  1. Entity Name TRASH ROLLOFF, INC.								03-04-2005	90095 (	)11 ***158	3.75
Principal Place of Business 15412 GRANGER PLANTATION RD PANAMA CITY, FL 32409			Mailing Address P.O. BOX 1270 LYNN HAVEN, FL 32444			<b>50022640</b>					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03012005	Chg-P	CR2E	034 (10/03)	
City & State			City & State				4. FEI Numb 30-016				plied For t Applicable
Zip	Country		Zip Coun		itry		5. Certificate of Status Desired S \$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
					Name						
HUTTO, B 620 MCKE PANAMA (	NŽIE AVE			Street Address (P.O. Box Number is Not Acceptable)							
				City			<del></del> .		. Zip Code		
					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.											
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
And it. I refligible to National And it should be suppressed to the state of the st								1			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu					ncing		00 May Be ed to Fees	. ,	•		
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TITLE	Р		☐ Delete	TITL	E	Р				<u>⊊</u> Change	☐ Addition
NAME	GRANGE	ER, THELMA J	NAM		IE	Gra	ranger, Thelma J.				
STREET ADDRESS 15412 GRANGER PLANTATION			RD	EET ADDRESS	15	5412 Granger Plantation Rd.					
CITY+ST-ZIP	PANAMA	CITY, FL 32409	CITY		-ST-ZIP			ity, FL			
TITLE			☐ Delete	TITLI	1					Change	☐ Addition
NAME				NAM	- 1						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE		•	☐ Delete	TITLI						☐ Change	☐ Addition
NAME			□ Delete	NAM	1					☐ onlinge	
STREET ADDRESS				- STRE	EET ADDRESS -						
CITY-ST-ZIP				CITY	-ST-ZIP						į
TITLE			☐ Delete	TITU	E					Change	☐ Addition
NAME				NAM	I .						
STREET ADDRESS					ET ADDRESS						
CITY+ST-ZIP				+-	-SI-ZIP					<u> </u>	
TITLE NAME			☐ Delete	TITLI NAM						☐ Change	Addition
STREET ADDRESS					ET ADDRESS						.
CITY-ST-ZIP					-ST-ZIP						
TITLE	-		☐ Delete	TITLI	E					☐ Change	☐ Addition
NAME	1			NAM	1						
STREET ADDRESS				STRE	ET AOORESS						
CITY-\$T-ZIP	l <u>.</u> _				-ST-ZIP						
12. I hereby of indicated of the corchanged.	certify that the on this reportation or to or on an att	e information supplied with rt or supplemental report is he receiver or trustee empo achment with an address, v	this filing does not qualify fo true and accurate and that a wered to execute this report with all other like empowered	r the exe ny signa as requi	emption stated ture shall havined by Chap	d in Se ve the s ter 607	ction 119.07(3) same legal effe , Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further co oath; that I se appears	ertify that the in am an officer in Block 10 or	or director Block 11 if