

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 028 ***150.00

DOCUMENT # 03000030422

1. Entity Name
APOLLO WASTE SYSTEMS, INC.



Principal Place of Business
**1021 LEWIS COVE ROAD
 DELRAY BEACH FL 33483**

Mailing Address
**300 ANDOVER STREET
 PMB 384
 PEABODY MA 01960**

2. Principal Place of Business
1021 Lewis Cove Rd

3. Mailing Address
178 Old Cart Way

Suite, Apt. #, etc.

City & State
Delray Beach FL

City & State
North Andover MA

Zip
33483

Country
USA

Zip
01845

Country
USA

00061765



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**COLETTI, CHERYL A
 1021 LEWIS COVE ROAD
 DELRAY BEACH FL 33483**

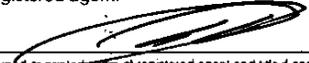
7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTI, CHERYL A	NAME	
STREET ADDRESS	1021 LEWIS COVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTI, CHERYL A	NAME	
STREET ADDRESS	1021 LEWIS COVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Cheryl A. Coletti** **2/22/05** **603-231-3802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #