

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 # **203000030422**

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

Suite, Apt. #, etc.

3. Mailing Address

178 Old Cart Way

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Delray Beach FL

Zip

33483

Country

USA

City & State

North Andover Ma

Zip

01845

Country

USA

4. FEI Number

04-3746578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, type 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P COLETTI, CHERYL A**
STREET ADDRESS **1021 LEWIS COVE ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME **C COLETTI, CHERYL A**
STREET ADDRESS **1021 LEWIS COVE ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Coletti

2/22/05

603-231-3802

Date

Daytime Phone #