


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90002 005 \*\*\*150.00

**DOCUMENT # P03000090807**

1. Entity Name  
**ARROW WASTE, INC.**



Principal Place of Business  
**24604 HARBOUR VIEW DRIVE**  
**PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**24604 HARBOUR VIEW DRIVE**  
**PONTE VEDRA BEACH, FL 32082**

**44050620**



2. Principal Place of Business  
**836 Baytree Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**836 Baytree Lane**  
 Suite, Apt. #, etc.

07192004 Chg-P CR2E034 (10/03)

City & State  
**Ponte Vedra Beach, FL**

City & State  
**Ponte Vedra Beach, FL**

Zip Country  
**32082 U.S.A.**

Zip Country  
**32082 U.S.A.**

4. FEI Number  
**55-0843725**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMSON, CHARLES R JR**  
**24604 HARBOUR VIEW DRIVE**  
**PONTE VEDRA BEACH, FL 32082**

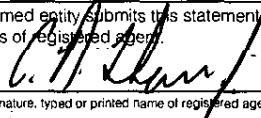
7. Name and Address of New Registered Agent

Name  
**Charles R. Thomson, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**836 Baytree Lane**

City  
**Ponte Vedra Beach FL** Zip Code  
**32082**

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 **7-26-04**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Delete Charles R. Thomson, Jr. 836 Baytree Lane Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input type="checkbox"/> Delete Charles R. Thomson, Jr. 836 Baytree Lane Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7-26-04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR