2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 01, 2004 8:00 am
Secretary of State
05-03-2004 91024 021 ***150.00

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04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000091355

1. Entity Name
COMPACTOR DOCTOR, INC.

Principal Place of Business	Mailing Address
361 E SHERIDAN STREET SUITE 403 DANIA BEACH, FL 33004	361 E SHERIDAN STREET SUITE 403 DANIA BEACH, FL 33004
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0168789 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, BERNARD A
3107 STIRLING ROAD SUITE 105
FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: Catherine V. Goffinet
Street Address (P.O. Box Number is Not Acceptable): 2822 Proctor Road, Suite A
City: Sarasota FL Zip Code 34231

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: Catherine V Goffinet   4/28/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, JOHN C 361 E SHERIDAN STREET SUITE 403 DANIA BEACH, FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: John Hunt   4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #