

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 001 ***150.00

DOCUMENT # P03000102226

1. Entity Name

KEVIN'S DISPOSAL, INC.



Principal Place of Business

4903 PARK STREET NORTH
ST. PETERSBURG FL 33709

Mailing Address

4903 PARK STREET NORTH
ST. PETERSBURG FL 33709

2. Principal Place of Business

3200 56 ST N

Suite, Apt. #, etc.

3. Mailing Address

3200 56 ST N

Suite, Apt. #, etc.

City & State

ST. PETE FLA

City & State

ST. PETE FLA

Zip

33710

Country

PERUAS

Zip

33710

Country

PERUAS

4. FEI Number

06-174580

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROMBLEE, KEVIN
4903 PARK STREET NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name: KEVIN TROMBLEE

Street Address (P.O. Box Number is Not Acceptable)

3200 56 ST N

ST.

City

ST. PETE

FL

Zip Code

33710

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-2004

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: KEVIN TROMBLEE
STREET ADDRESS: 3200 56 ST N
CITY-ST-ZIP: ST. PETE FLA 33710 ☐ Delete

TITLE: VICE-PRESIDENT
NAME: STEVEN TROMBLEE
STREET ADDRESS: 3200 56 ST N
CITY-ST-ZIP: ST. PETE FLA 33710 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

KEVIN TROMBLEE
PRESIDENT

6-30-2004

Date

542-5582

Daytime Phone #