


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 022 ***150.00

DOCUMENT # P04000083749					
1. Entity Name COMPOSTUSA, INC.					
Principal Place of Business 6021 BEGGS RD. ORLANDO, FL 32810			Mailing Address 6021 BEGGS RD. ORLANDO, FL 32810		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1284394	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, KATHY 6021 BEGGS RD ORLANDO, FL 32810				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FLETCHER, RICHARD L <input type="checkbox"/> Delete 6021 BEGGS RD. ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JR., RICHARD L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6021 BEGGS RD ORLANDO FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. JAMES, WILLIAM G <input type="checkbox"/> Delete 6021 BEGGS RD. ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREEDON, KRIS <input type="checkbox"/> Delete 6021 BEGGS RD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICEOLO, DOM <input type="checkbox"/> Delete 6021 BEGGS RD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICEOLO, Dom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6021 BEGGS RD ORLANDO FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIEGLER, MATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6021 BEGGS RD ORLANDO FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: _____			3/9/06 407-291-1676 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					