

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122035

FILED
Mar 09, 2005
Secretary of State

Entity Name: PORT CHARLOTTE DISPOSAL INC.

Current Principal Place of Business:

20101 PEACHLAND BLVD UNIT 205
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

20101 PEACHLAND BLVD UNIT 205
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 20-1530966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATIJASEVIC, PETAR
49 SAN MATIAS AVE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MATIJASEVIC, PETAR
Address: 49 SAN MATIAS AVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP () Delete
Name: MATIJASEVIC, TOMISLAV
Address: 18 W RIDGE RD.
City-St-Zip: VILLA PARK, IL 60181

Title: S () Delete
Name: MATIJASEVIC, TIHOMIR
Address: 49 SAN MATIAS AVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: S () Delete
Name: MATIJASEVIC, RADOMIR
Address: 18 W RIDGE RD.
City-St-Zip: VILLA PARK, IL 60181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMISLAV MATIJASEVIC

VP

03/09/2005

Electronic Signature of Signing Officer or Director

Date