

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 049 ***150.00

DOCUMENT # P05000008624

1. Entity Name

A DUMPSTER SERVICE OF MARTIN COUNTY, INC.



Principal Place of Business

1608 NE SUNVIEW TERRACE
JENSEN BEACH FL 34957

Mailing Address

1608 NE SUNVIEW TERRACE
JENSEN BEACH FL 34957

2. Principal Place of Business

1599 NE Amy Ave

Suite, Apt. #, etc.

3. Mailing Address

1599 NE Amy Ave

Suite, Apt. #, etc.

City & State

Jensen Beach FL

City & State

Jensen Beach FL

4. FEI Number

20-2205119

Applied For

Not Applicable

Zip

34957

Country

Zip

34957

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, DON
1608 NE SUNVIEW TERRACE
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

Jeffrey R. Berner

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

1599 NE Amy Ave

City

Jensen Beach

FL

Zip Code

34957

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERNER, JEFFREY R	
STREET ADDRESS	1608 NE SUNVIEW TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEYER, DON	
STREET ADDRESS	1608 NE SUNVIEW TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERARD, JOSHUA DAVID	
STREET ADDRESS	1608 NE SUNVIEW TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey R. Berner	
STREET ADDRESS	1599 NE Amy Ave	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joshua Berard	
STREET ADDRESS	1599 NE Amy Ave	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey R. Berner 2/23/4 772-2639076