

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90045 040 \*\*\*150.00

DOCUMENT # P05000008624

1. Entity Name

A DUMPSTER SERVICE OF MARTIN COUNTY, INC.



Principal Place of Business

1599 NE AMY AVE  
JENSEN BEACH FL 34957

Mailing Address

1599 NE AMY AVE  
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

1599 NE AMY AVE  
Jensen Bch  
Fl.

3. Mailing Address

1599 NE AMY AVE  
Jensen Bch  
Fl.

1st MOORE

CR2E034 (10/06)

City & State

FL.

City & State

FL.

Zip  
34957

Country  
MARTIN

Zip  
34957

Country  
MARTIN

4. FEI Number 20-2205119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERNEY, JEFFREY R  
1599 NE AMY AVE  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name A Dumpster Service  
Street Address (P.O. Box Number is Not Acceptable)

1599 NE AMY AVE  
City JENSEN Bch FL 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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  
NAME BERNER, JEFFREY R  
STREET ADDRESS 1599 NE AMY AVE  
CITY- ST- ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE T  
NAME BERARD, JOSHUA  
STREET ADDRESS 1599 NE AMY AVE  
CITY- ST- ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #