

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000118892**

1. Entity Name

**WEHAUSEN & COUGHLIN DUMPSTER SERVICE INC**



Principal Place of Business

**2511 NW 29TH TERRACE  
CAPE CORAL, FL 33993 US**

Mailing Address

**2511 NW 29TH TERRACE  
CAPE CORAL, FL 33993 US**



05042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-3374311**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARY, DAVID W  
1325C DEL PRADO BLVD S  
CAPE CORAL, FL 33990**

**DO NOT WRITE  
IN THIS SPACE**

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

U00000764557  
05/30/07-80067-003 158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WEHAUSEN, GLENN  
STREET ADDRESS 2511 NW 29TH TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE VPD  
NAME COUGHLIN, DENNIS  
STREET ADDRESS 2511 NW 29TH TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE TD  
NAME WEHAUSEN, SHANNON  
STREET ADDRESS 2511 NW 29TH TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE SD  
NAME WEHAUSEN, RUSSELL  
STREET ADDRESS 2511 NW 29TH TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/07