

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000058980

1. Entity Name
THE TRASH MASTERS INC.



Principal Place of Business

1075 N JEFFERSON ST
MONTICELLO, FL 32344

Mailing Address

1075 N JEFFERSON ST
MONTICELLO, FL 32344



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number | Applied For |
| 20-4819595 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KERCHER, TIM
1075 N JEFFERSON ST
MONTICELLO, FL 32344

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

U00000922288
05/15/08-80041-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | BOX, STEVE |
| STREET ADDRESS | 308 HERON LN |
| CITY- ST- ZIP | MONTICELLO, FL 32344 |

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | KERCHER, TIM |
| STREET ADDRESS | 611 DILLS RD |
| CITY- ST- ZIP | MONTICELLO, FL 32344 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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

V.P. owner

Date

4/17/08

Daytime Phone #