

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 030 ***150.00

DOCUMENT # P06000128539

1. Entity Name
S AND J DISPOSAL INC.



Principal Place of Business
**P. O. BOX 40426
ST. PETERSBURG, FL 33743-0426**

Mailing Address
**P. O. BOX 40426
ST. PETERSBURG, FL 33743-0426**

40120112

2. Principal Place of Business - No P.O. Box #
3200 56TH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202007 Chg-P CR2E034 (12/06)

City & State
ST PETE FL

City & State

4. FEI Number
020788412

Applied For
Not Applicable

Zip
33710

Country
INDIAS

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROMBLEE, JENNIE
3200 56TH ST. N.
ST. PETERSBURG, FL 33710**

Name

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

City

FL

Zip Code

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 translating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TROMBLEE, STEVEN
STREET ADDRESS P. O. BOX 40426
CITY- ST- ZIP ST. PETERSBURG, FL 337430426 ☐ Delete

TITLE TD
NAME TROMBLEE, JENNIE
STREET ADDRESS P. O. BOX 40426
CITY- ST- ZIP ST. PETERSBURG, FL 337430426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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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 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 #

7-26-07

ATTACHMENT

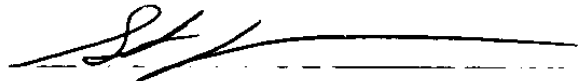
40128771

DEAR S.R

#P06000128539

I'm writing in hope u will wave
late fee. I never received Annual Report
Notice. I had talks w Gary and I
filled out Annual Report and sending
a ✓ back in hopes u will wave
my late fee. Thank you for your
time.

Sincerely



Steven Trombly