

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90100 001 ***300.00

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1. Entity Name
SECURE WASTE DISPOSAL, INC.



Principal Place of Business
**5518 FORCE FOUR PARKWAY
102
ORLANDO, FL 32839 US**

Mailing Address
**POST OFFICE BOX 540417
ORLANDO, FL 32854**

66000170



01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
6357 All American Blvd

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO, FL
Zip
32810

City & State
Suite, Apt. #, etc.
Zip
Country
USA

4. FEI Number
59-3117271
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOREMUS, JOSEPH
5518 FORCE FOUR PARKWAY
102
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name **Joe Doremus**
Street Address (P.O. Box Number is Not Acceptable)
6357 All American Blvd
City **ORLANDO** FL Zip Code **32810**

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 **Joe Doremus** **JOE DOREMUS, PRES** **1/6/06**
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOREMUS, JOSEPH 5528 FORCE FOUR PKWY. ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Joe Doremus 6357 All American Blvd Orlando FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Joe Doremus** **JOE DOREMUS** **1/6/06** **407 8501010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #