

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P96000042773

1. Entity Name
WASTE CORPORATION OF FLORIDA, INC.



Principal Place of Business
ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056 US

Mailing Address
ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056 US



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0685242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
DC
FATJO, TOM J JR
ONE RIVERWAY STE 1400
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KRUSZKA, JEROME M
1 RIVERWAY STE 1400
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
FATJO, TOM J III
1 RIVERWAY STE 1400
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
PAXTON, MICHAEL L
1 RIVERWAY STE 1400
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
MENGEA, EDWARD J
1 RIVERWAY STE 1400
HOUSTON, TX 77056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
CASALINOVA, CHARLES A
1 RIVERWAY STE 1400
HOUSTON, TX 77056

U00000761033
05/25/07-80039-007 150.00

**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

4-30-07

713 292 2402