

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000042773

1. Entity Name
WASTE CORPORATION OF FLORIDA, INC.



FILED
Mar 28, 2008 08:00 AM
Secretary of State

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

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



02062008 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	FATJO, TOM J JR
STREET ADDRESS	ONE RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	DP
NAME	KRUSZKA, JEROME M
STREET ADDRESS	1 RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	DVT
NAME	FATJO, TOM J III
STREET ADDRESS	1 RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VAS
NAME	PAXTON, MICHAEL L
STREET ADDRESS	1 RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VS
NAME	MENGEA, EDWARD J
STREET ADDRESS	1 RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VAS
NAME	CASALINOVA, CHARLES A
STREET ADDRESS	1 RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056

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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:

Kevin Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08

Date

713 292 2400

Daytime Phone #