

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000061897

Entity Name: HARDEE COUNTY DISPOSAL, INC.

FILED
Sep 27, 2005
Secretary of State

Current Principal Place of Business:

1075 KNOLLWOOD CIRCLE
WAUCHULA, FL 33873

New Principal Place of Business:

127 TOWNSEND ST E
WAUCHULA, FL 33873

Current Mailing Address:

P.O. BOX 606
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-0682677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVI, DAGOBERTO
1075 KNOLLWOOD CIRCLE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

BONJOKIAN, SOPHIA A
4317 STURGEON DR
SEBRING, FL 33870 US

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.

SIGNATURE: SOPHIA A BONJOKIAN

09/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CORDOVI, DAGOBERTO
Address: 1075 KNOLLWOOD CIRCLE
City-St-Zip: WAUCHULA, FL 33873

Title: VP () Delete
Name: CORDOVI, CARIDAD
Address: 1075 KNOLLWOOD CIRCLE
City-St-Zip: WAUCHULA, FL 33873

Title: S (X) Delete
Name: SAVERY, YVETTE
Address: P.O. BOX 606
City-St-Zip: WAUCHULA, FL 33873

Title: CEO (X) Delete
Name: SAVERY, YVETTE
Address: PO BOX 606
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: BONJOKIAN, SOPHIA A
Address: 4317 STURGEON DR
City-St-Zip: SEBRING, FL 33870

Title: VP/S (X) Change () Addition
Name: BONJOKIAN, ANDREW H
Address: 4317 STURGEON DR
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA BONJOKIAN

P

09/27/2005

Electronic Signature of Signing Officer or Director

Date