

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010744

Entity Name: SYNAGRO OF FLORIDA-A&J, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

5198 OVERSEAS HWY
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

1800 BERING DRIVE
STE 1000
HOUSTON, TX 77057 US

New Mailing Address:

FEI Number: 65-0751886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUCHER, ROBERT C
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPD () Delete
Name: ROME, MARK A
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPS () Delete
Name: THOMAS, ALVIN L
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPT () Delete
Name: WITHROW, J. PAUL
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: AS () Delete
Name: ROSCOE, DVOSHA G
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: AS (X) Delete
Name: HONEYCUTT, MILBURN
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPAS (X) Change () Addition
Name: BINTZ, THOMAS J
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

Title: VPSD (X) Change () Addition
Name: THOMAS, ALVIN L
Address: 1800 BERING, SUITE 1000
City-St-Zip: HOUSTON, TX 77057

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

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: ALVIN L THOMAS

VPASD

04/26/2005

Electronic Signature of Signing Officer or Director

Date