



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P97000020903 1. Entity Name COLLIER'S WASTE CONTAINERS INC.	
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Principal Place of Business 2859 WINDERMERE CT MIDDLEBURG, FL 32068 US	Mailing Address P.O. BOX 30327 DOCTOR'S INLET, FL 32030 US
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DO NOT WRITE IN THIS SPACE

	
02112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3434197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KING, DAVID A 1416 KINGSLEY AVE. ORANGE PARK, FL 32073
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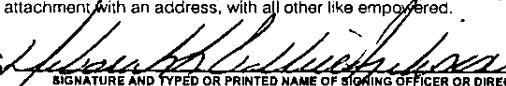
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS COLLIER-GIBSON, DEBORAH L 2859 WINDERMERE CT MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBSON, JAMES E JR 2859 WINDERMERE CT MIDDLEBURG, FL 32068
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000846374 03/18/08-80025-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 2-27-08 Daytime Phone # _____