

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035425

FILED
Apr 04, 2006
Secretary of State

Entity Name: ALTERNATIVE WASTE SERVICES, INC.

Current Principal Place of Business:

408 CYPRESS ROAD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1267
BELLEVIEW, FL 344211267 US

New Mailing Address:

FEI Number: 59-3442037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOURENCO, JERRY
9875 SE 58TH AVENUE
BELLEVIEW, FL 34420 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: LOURENCO, JERRY
Address: 9875 SE 58TH AVENUE
City-St-Zip: BELLEVIEW, FL 34420

Title: TD () Delete
Name: SOSA, ROGER
Address: 5400 S.E. 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: LOURENCO, JOSEPH
Address: 6030 SE 99TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: S () Delete
Name: PRICE, GORDON M
Address: 5540 S.E. 21ST LANE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: GERALD LOURENCO

PD

04/04/2006

Electronic Signature of Signing Officer or Director

Date