## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000038258

Entity Name: WASTE INTEGRATION SERVICE CENTER, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4511 N HIM SUITE 240 TAMPA, FL	IES AVE				•		
Current Mailing Address:			New Mailing Address:				
SUITE 240	1511 N HIMES AVE BUITE 240 FAMPA, FL 33614 US						
FEI Number:	59-3442786	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
4511 N HIMES AVE STE 240 4511 N					UMAN, WENDY 1 N HIMES AVE STE 240 MPA, FL 33614 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: WENDY NEUMAN				04/29/2005			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D/P ( MATHEWS, DE 566 GRAMMER MARIETTA, GA	RCY DR.		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WALLACE, TH	S DR., STE. 107		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MATHEWS, MI 945 HARBOUR TAMPA, FL 33	BAY		Title: Name: Address: City-St-Zip:	MATHEWS, M 5608 SKIMME		
Title: Name: Address: City-St-Zip:	D/ST ( BASAURI, KRII 3789 PALACE PALM HARBOR	NN .		Title: Name: Address: City-St-Zip:	NEUMAN, WE	ER OAKS LANE	
Title: Name: Address: City-St-Zip:	D/VP ( GAFFIGAN, JIL 1448 HEDGEV KENNESAW, G	VOOD LANE		Title: Name: Address: City-St-Zip:	GAFFIGAN, JI 1448 HEDGE\		
Title: Name: Address: City-St-Zip:	VP ( COLLINS, JOH 2749 CIPRIAN CLEARWATER	I, #1020A		Title: Name: Address: City-St-Zip:	MCIVER, MAT	RIDGE CRESCENT NE	

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: WENDY NEUMAN T 04/29/2005