

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038258

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: WASTE INTEGRATION SERVICE CENTER, INC.

**Current Principal Place of Business:**

4511 N HIMES AVE  
SUITE 240  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4511 N HIMES AVE  
SUITE 240  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3442786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, JOSHUA  
4511 N HIMES AVE STE 240  
TAMPA, FL 33614 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: D/P ( ) Delete  
Name: MATHEWS, DEBBIE B  
Address: 1000 JOHNSON FERRY RD SUITE G-130  
City-St-Zip: MARIETTA, GA 30068 US

Title: CAO ( ) Delete  
Name: PREISS, MARIA  
Address: 4511 N HIMES AVE STE 240  
City-St-Zip: TAMPA, FL 33614

Title: GM ( ) Delete  
Name: WOOD, JOSHUA  
Address: 4511 N HIMES AVE STE 240  
City-St-Zip: TAMPA, FL 33614 US

Title: VP ( ) Delete  
Name: MCIVER, MATT  
Address: 1000 JOHNSON FERRY RD SUITE G-130  
City-St-Zip: MARIETTA, GA 30068

**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 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: DEBBIE MATHEWS

D/P

03/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date