

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038258

FILED
Mar 24, 2009
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: MARIA PREISS

CAO

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date