


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90053 042 \*\*\*150.00

<b>DOCUMENT # P98000024240</b> 1. Entity Name <b>NORTH FLORIDA C &amp; D LANDFILL, INC.</b>					
Principal Place of Business <b>327 NORTH HERNANDO ST. LAKE CITY, FL 32055</b>			Mailing Address <b>327 NORTH HERNANDO ST. LAKE CITY, FL 32055</b>		
2. Principal Place of Business <b>285 NE Hernando Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>285 NE Hernando Avenue</b> Suite, Apt. #, etc.			
City & State <b>Lake City, FL 32055</b>		City & State <b>Lake City, FL</b>		4. FEI Number <b>58-2391102</b>	
Zip <b>32055</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DARBY, HERBERT F 327 NORTH HERNANDO ST. LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent Name <b>Herbert F. Darby</b> Street Address (P.O. Box Number is Not Acceptable) <b>285 NE Hernando Avenue</b> City <b>Lake City</b> <b>FL</b> <b>32055</b>	
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 <i>Herbert F. Darby</i> DATE <b>1/5/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMSAY, JOHN C 9209 RAMSAY ROAD GRAND BAY, AL 36541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, TERRY D P.O. BOX 1173 (NA) LIVE OAK, FL 32060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/24/04 251 402 3677 <small>Date Daytime Phone #</small>		