

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024240 1. Entity Name NORTH FLORIDA C & D LANDFILL, INC.	
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Principal Place of Business 285 NW HERNANDO AVE LAKE CITY, FL 32055	Mailing Address 285 NW HERNANDO AVE LAKE CITY, FL 32055
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2391102	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DARBY, HERBERT F 285 N HERNANDO AVE. LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
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	S SMITH, TERRY D P.O. BOX 1173 (NA) LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000290857
01/24/06-80013-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-06 251-653-6590