

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024680

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: WASTE REDUCTION CONSULTANTS, INC.

## Current Principal Place of Business:

645 MAYPORT RD  
STE 5  
JACKSONVILLE BEACH, FL 32233

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 51349  
JACKSONVILLE BCH, FL 322401349

## New Mailing Address:

PO BOX 50217  
JACKSONVILLE BCH, FL 32240

FEI Number: 59-3517736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASPAR, BRYCE  
696 AQUATIC  
ATLANTIC BEACH, FL 32233 US

## Name and Address of New Registered Agent:

KASPAR, BRYCE  
1221 4TH AVE N  
JACKSONVILLE BEACH, FL 32250 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: BRYCE KASPAR

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCES ( ) Delete  
Name: KASPAR, BRYCE  
Address: 696 AQUATIC  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete  
Name: KASPAR, BRYCE A  
Address: 696 AQUATIC  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VT (X) Delete  
Name: MANDEVILLE, CRAIG W  
Address: 2033 MARSH POINT RD  
City-St-Zip: ATLANTIC BEACH, FL 32266

Title: COO (X) Delete  
Name: MANDEVILLE, CRAIG W  
Address: 2033 MARSH POINT RD  
City-St-Zip: ATLANTIC BEACH, FL 32266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: KASPAR, BRYCE A  
Address: 1221 4TH AVE N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: COO (X) Change ( ) Addition  
Name: MANDEVILLE, CRAIG W  
Address: 2033 MARSH POINT RD  
City-St-Zip: NEPTUNE BEACH, FL 32266

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 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: BRYCE KASPAR

CEO

04/06/2004

Electronic Signature of Signing Officer or Director

Date