

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90034 015 ***150.00

DOCUMENT # P99000064620			
1. Entity Name FLORIDA WASTE SERVICES, INC.			
Principal Place of Business 3211 S. CRYSTAL LAKE DR. ORLANDO, FL 32806		Mailing Address 3211 S. CRYSTAL LAKE DR. ORLANDO, FL 32806	
2. Principal Place of Business		3. Mailing Address P.O. Box 560926	
Suite, Apt. #, etc.		Suite, Apt. #, etc. e	
City & State		City & State Orlando, FL	
Zip		Zip 32856-0926	
Country		Country ORANGE	
6. Name and Address of Current Registered Agent LOCKWOOD, JAMES A 3211 S. CRYSTAL LAKE DR. ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		James A. Lockwood, President 5/17/05 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LOCKWOOD, JAMES A 3211 S CRYSTAL LAKE DRIVE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		James A. Lockwood 5/17/05 Date Daytime Phone #	