

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000065320**

1. Entity Name  
**TRASH BUSTERS USA, INC.**



Principal Place of Business  
**3001 S.E. GRAN PARK WAY  
STUART, FL 34997**

Mailing Address  
**3001 S.E. GRAN PARK WAY  
STUART, FL 34997**



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0936082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**O'BRIEN, JOHN L  
611 SW TIMBER TRL  
STUART, FL 34994**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **O'BRIEN, BARBARA**  
STREET ADDRESS **611 TIMBER TR**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D**  
NAME **O'BRIEN, JOHN**  
STREET ADDRESS **611 TIMBER TR**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000610425  
02/02/07-80021-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Barbara O'Brien* **BARBARA O'BRIEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/07* **1/24/07** *772-221-0033*  
Date Daytime Phone #