


**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000094168 1. Entity Name REPUBLIC SERVICES AVIATION, INC.	
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Principal Place of Business
110 S.E. 6TH ST., 28TH FLOOR
FT. LAUDERDALE, FL 33301

Mailing Address
110 S.E. 6TH ST., 28TH FLOOR
FT. LAUDERDALE, FL 33301



01272006 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-0959331	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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	P
NAME	OCONNOR, JAMES E
STREET ADDRESS	1105 SE 6TH ST 28TH FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	VS
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 SE 6TH ST. 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 SE 6TH ST. 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/10/06-80049-020 150.00

**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 affidavit, with all other like empowered.

SIGNATURE:  David A. Barclay 2/15/06 954-764-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #