2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# V08385

Entity Name: IMMOKALEE DISPOSAL, INC.

Current Principal Place of Business:

120 W. JEFFERSON AVE.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

120 W. JEFFERSON AVE.
IMMOKALEE, FL 34142 US

New Mailing Address:

FEI Number: 65-0315986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, LARRY JR.
120 W. JEFFERSON AVE.
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MCBURNETT, REGINA
Address: 410 PARKSIDE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P ( ) Delete
Name: COLLINS, WANDA MAE,
Address: 101 HIGHVIEW AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S ( ) Delete
Name: COLLINS, LINDA
Address: 191 STATE ROAD 29
City-St-Zip: FELDA, FL 33930

Title: V ( ) Delete
Name: COLLINS, LARRY J
Address: 191 STATE ROAD 29
City-St-Zip: FELDA, FL 33930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LINDA COLLINS S 03/16/2004

Electronic Signature of Signing Officer or Director Date