

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90318 008 ***150.00



DOCUMENT # 341360
 1. Entity Name
ABLE SANITATION, INC.

Principal Place of Business Mailing Address
7451 NW 63RD ST. **7451 NW 63RD ST.**
MIAMI, FL 33166-3603 US **MIAMI, FL 33166-3603 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1231631 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION, FL 33324 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	MCNABB, TERRENCE 31 MIDDLESEX RD MANSFIELD, MA 02048	TITLE D	HITCHNER, DOUGLAS 56B FOREST DRIVE SPRINGFIELD, NJ 07081
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE CT	PARLENGAS, RONALD 18 RED GAP ROAD WILBRAHAM, MA 01095	TITLE D	KWAIT, BRIAN 75 ROCK MAPLE ROAD GREENWICH, CT 06830
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE AC	CRABTREE, LYNDA 1 OVERLAND STREET FITCHBURG, MA 01420	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	LEMAY, SCOTT 535 SOUTH STREET FITCHBURG, MA 01420	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	HOLM, MICHAEL 6740 GUM GRANCH ROAD RICHLAND, NC 28574	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rue m Pen* 4/13/04 508-594-2616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #