

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F92000000526

1. Entity Name
WEST SANITATION SERVICES, INC.



Principal Place of Business
3882 DEL ANO BLVD
UNIT 602
TORRANCE, CA 90503-2162 US

Mailing Address
3882 DEL ANO BLVD
UNIT 602
TORRANCE, CA 90503-2162 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3892145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000313472
04/18/05-80126-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EMERY, GRAHAM H
STREET ADDRESS	6401 SEALPOINT COURT
CITY-STATE-ZIP	RANCHO PALOS VERDES, CA 90275
TITLE	D
NAME	WHITNEY, CARROLL
STREET ADDRESS	4650 WE ST ROSECRANS AVENUE
CITY-STATE-ZIP	HAWTHORNE, CA 90250
TITLE	T
NAME	EMERY, GRAHAM H
STREET ADDRESS	6401 SEALPOINT CT
CITY-STATE-ZIP	RANCHO PALOS VERDES, CA 90275
TITLE	S
NAME	CALLADONATO, KITTIE
STREET ADDRESS	1745 MAPLE AVENUE
CITY-STATE-ZIP	TORRANCE, CA 90503
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kittie Calladonato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

310 393-4242
Daytime Phone #