2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 01, 2005 8:00 am Secretary of State

DOCUMENT # M9900000833 1. Entity Name WASTE ENERGY TECHNOLOGY, LLC				04-01-2005 90155 015 ****55.00
Principal Place 11 TUPELO A FORT WALTO		Mailing Address 11 TUPELO AVENUE, S.E FORT WALTON BE ACH, F		20025727
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02252005 Chg-LLC CR2E083 (10/03)
City & State	0	City & State		4. FEI Number Applied For 59-3571954 Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PETERSO	N, JERRY		Name	leterson, Terry
11 TUPELO AVE SE FORT WALTON BEACH, FL 32548			Street Add	dress (P.O. Box Number is Not Acceptable)
			City	Typelo Ave SE
8. The above	named entity submits this statement fo	r the purpose of changing its re		t watton Beach FL Zip Code 3248 egistered agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.			To be seen that the seen seen seen seen seen seen seen se
SIGNATURE .				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE
Fi D	Signature, typed or printed name of registered agent tilling Fee is \$50.00 ue by May 1, 2005	and title if applicable (NOTE:	Registered Ageni signature	Make check payable to Florida Department of State
Fi D			Registered Ageni eignature	Make check payable to
	iling Fee is \$50.00 ue by May 1, 2005			Make check payable to Florida Department of State
9.	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E.	RS/MANAGERS	10. THILE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325	RS/MANAGERS	10. THILE NAME	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325	RS/MANAGERS	10. THILE NAME STREET ADDRESS CITY-ST-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 328 MGR GETTING, JAMES A	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 328 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579	RS/MANAGERS Delete 48	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition Typelo Ave, SE Fort Walton Beach, FL 32548
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR	RS/MANAGERS Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR SCHMITT, JOHN R	RS/MANAGERS Delete 48	THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition Typelo Ave, SE Fort Walton Beach, FL 32548
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR	RS/MANAGERS Delete 48	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition Typelo Ave, SE Fort Walton Beach, FL 32548
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 328 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR SCHMITT, JOHN R 411 SEVENTH AVE., 15TH FL	RS/MANAGERS Delete 48 Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Type of Ave, SE Fort Walton Beach, FL 33548 Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR SCHMITT, JOHN R 411 SEVENTH AVE., 15TH FL PITTSBURGH, PA 15219	RS/MANAGERS Delete 48	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition Typelo Ave, SE Fort Walton Beach, FL 32548
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 325 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR SCHMITT, JOHN R 411 SEVENTH AVE., 15TH FL PITTSBURGH, PA 15219 MGR	RS/MANAGERS Delete 48 Delete Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Addition Change Addition Change Addition Change Addition Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RODGERS, MICHAEL W 11 TUPELO AVENUE, S.E. FORT WALTON BEACH, FL 328 MGR GETTING, JAMES A 2568 PALM SHORES DRIVE SHALIMAR, FL 32579 MGR SCHMITT, JOHN R 411 SEVENTH AVE., 15TH FL PITTSBURGH, PA 15219 MGR BANK, DANIEL L	RS/MANAGERS Delete 48 Delete Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	Make check payable to Florida Department of State ADDITIONS/CHANGES Change Addition Addition Type of Ave, SE Fort Walton Beach, FL 33548 Change Addition

11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND DATED OR PRINTED NAME OF SIGNING MANAGING W

Date

☐ Change

Addition