## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000138185

JENKINS, SONIA

TAMPA, FL 33647

18940 NEST FERN CIR

Name:

Address: City-St-Zip:

Entity Name: WASTE RECOVERY CONSULTANTS, INC.

FILED Mar 08, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17537 FAIRMEADOW DR. 18940 NEST FERN CIRCLE TAMPA, FL 33647 TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 17537 FAIRMEADOW DR. 18940 NEST FERN CIRCLE TAMPA, FL 33647 TAMPA, FL 33647 FEI Number: 01-0803207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JENKINS, SONIA 18940 NÉST FERN CIR TAMPA, FL 33647 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KLATT, GARY Name: Name: 18940 NEST FERN CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: KLATT, JAN Name: 18940 NEST FERN CIRCLE Address: Address: TAMPA, FL 33647 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SONIA JENKINS ST 03/08/2006