2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2006 08:00 AM DOCUMENT # P04000126900 **Secretary of State** 1. Entity Name WIMPY'S RUBBISH HAULING, INC. Principal Place of Business Mailing Address 501 58TH STREET HOLMES STREET FL 34217 HOLMES STREET FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 14-1916730 Not Applicat Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIMPY, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 501 58TH STREET **HOLMES STREET FL 34217** 8. The above named entity submits this statement for the outpose 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 arginalism required when remaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE NAME WIMPY, WILLIAM G NAME STREET ADDRESS 501 58TH STREET STREET ADDRESS -CITY-ST-ZIP HOLMES STREET FL 34217 CITY-ST-ZIP □ A. · mie ☐ Change Defete TITLE MAMIE WIMPY, TRACY HAM U00000421406 STREET ADDRESS STREET ADDRESS 501 58TH STREET 02/16/06-80035-003 150.00 CITY-ST-ZIP HOLMES STREET FL 34217 CITY-ST-ZIP TESUE ☐ Delete 3111 Change ☐ Adem NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change □ ède NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP City-St-Zip me ☐ Dolete Change □ Admi NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-702 TITLE Delete TITLE Change ☐ Arta ··· NAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP City-SI-LIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 119, 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 direct, 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 1 if changed, or on an attachment with an address, with all other like empowered.

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