

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000086534

1. Entity Name

WASTE KNOT CONNECTIONS, INC.



Principal Place of Business

305 SOUTH NEW WARRINGTON ROAD
PENSACOLA FL 32507

Mailing Address

P.O. BOX 4627
PENSACOLA FL 32507



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For
Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, LEANNE T
5105 GRUMANN DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BLANTON, MARC K	
STREET ADDRESS	5105 GRUMANN DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VP	☐ Delete
NAME	BLANTON, LEANNE T	
STREET ADDRESS	5105 GRUMANN DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	☐ Delete
NAME	BLANTON, LEANNE T	
STREET ADDRESS	5105 GRUMANN DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	☐ Delete
NAME	BLANTON, LEANNE T	
STREET ADDRESS	5105 GRUMANN DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10000044654
04/12/06 00052 001 158.75

12. I hereby certify that the information supplied with this filing 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 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:

Leanne T Blanton, VP, S, T

1/17/06 (850) 458-575