

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		6. Name and Address of Current Registered Agent			
BLANTON, LEANNE T 5105 GRUMANN DRIVE PENSACOLA, FL 32507				Name	
				Street Address	
				City	
				State	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANTON, MARC K 5105 GRUMANN DRIVE PENSACOLA, FL 32507		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANTON, LEANNE T 5105 GRUMANN DRIVE PENSACOLA, FL 32507		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANTON, LEANNE T 5105 GRUMANN DRIVE PENSACOLA, FL 32507		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANTON, LEANNE T 5105 GRUMANN DRIVE PENSACOLA, FL 32507		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the Florida Statutes, Chapter 60, and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, Florida Statutes, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					