2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P05000086534 03-12-2007 90086 037 ***158.75 WASTE KNOT CONNECTIONS, INC. Principal Place of Business Mailing Address 305 SOUTH NEW WARRINGTON ROAD P.O. BOX 4627 PENSACOLA, FL 32507 PENSACOLA, FL 32507 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zip \$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 BLANTON, LEANNE T Street Address (P.O. Box Number is Not Acceptable) 5105 GRUMANN DRIVE PENSACOLA, FL 32507 City Zip Code FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE ☐ Change ☐ Addition BLANTON, MARC K NAME NAME 5105 GRUMANN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ■ Addition BLANTON, LEANNE T NAME STREET ADDRESS 5105 GRUMANN DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP THILE Delete TUTLE ☐ Change ☐ Addition BLANTON, LEANNE T NAME NAME STREET ADDRESS 5105 GRUMANN DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLANTON, LEANNE T NAME NAME STREET ADDRESS 5105 GRUMANN DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empoyered 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 12, 2007 8:00 am

Dayume Phone #