

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90075 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     |                                                              |                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000108401</b><br>1. Entity Name<br><b>DIVERSIFIED DISPOSAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                     |                                                              |                                                                                                                                                                                                    |  |
| Principal Place of Business<br><b>PO BOX 2119<br/>WAUCHULA, FL 33873</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                     | Mailing Address<br><b>PO BOX 2119<br/>WAUCHULA, FL 33873</b> |                                                                                                                                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                     |                                                              | 7. Name and Address of New Registered Agent                                                                                                                                                        |  |
| <b>CARLTON, JASON</b><br><b>332 N 4TH AVE</b><br><b>WAUCHULA, FL 33873</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     |                                                              | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE: <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE</div>                                                                                                                                                                                  |                                 |                                                                                                                     |                                                              |                                                                                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                              |                                                                                                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                  |  |
| 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 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: <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small><br/> <small>Daytime Phone #</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                     |                                                              |                                                                                                                                                                                                    |  |



03242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3261086**  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

JASON L. CARLTON  
565 N. Ridge Ave  
LAKE ALFRED, FL 33850

JAKE L. CARLTON  
PO Box 1031  
WAUCHULA, FL 33873