

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098850

Entity Name: ABSOLUTE WASTE INC.

FILED  
Aug 14, 2007  
Secretary of State

**Current Principal Place of Business:**

29203 SR 46  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

29203 SR 46  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVIN, PATRICIA  
1250 MT HOMER RD  
SUITE 3  
EUSTIS, FL 32726 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYES, JASON  
Address: 1217 W CROOKED LAKE PLACE  
City-St-Zip: EUSTIS, FL 32726

Title: VP ( ) Delete  
Name: WILLSEY, RYAN  
Address: 23522 OAK LANE  
City-St-Zip: SORRENTO, FL 32726

Title: T (X) Delete  
Name: HOOD, DAVID  
Address: 1510 BERKSHIRE AVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN WILLSEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V.P.

08/14/2007

\_\_\_\_\_ Date