


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 028 ***150.00

DOCUMENT # P95000091026

1. Entity Name
AKA DISPOSAL INC.



Principal Place of Business
**321 ISLAMORADA BLVD. #31B
 PUNTA GORDA, FL 33955**


Mailing Address
**P.O. BOX 510337
 PUNTA GORDA, FL 33951**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0628688

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AGABEDIS, PETER J
 321 ISLAMORADA
 SUITE B-31
 PUNTA GORDA, FL 33955**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGABEDIS, PETER J 321 ISLAMORADA, B-31 PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AGABEDIS, SANDRA L 321 ISLAMORADA, B-31 PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sandra L. Agabedis* ; Sandra L. Agabedis V.P. 1-3-07 941-6390237