2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

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DOCUMENT # P99000058638 1. Enlity Name DEMOLITION DISPOSAL, INC.					•	04-14-2006	_		
Principal Place of Business Mailing Address				·	400	4001-			
4632 PIPELINE ROAD P.O.BOX 67 PANAMA CITY, FL 34205 P.O.BOX 67 LYNN HAVEN, FL 32444							(88/3) BIJBI (8)JB &		(1 16 1 1 21 1
2. Principal Place of Business		3. Mailing Address 4632 Pipeline Road		d					
Suite, Apt #, etc		Suite, Apt. #, etc.		:	04122006	Chg-P	CR2E034	(11/05)	
City & State		Panama City, FL			4. FEI Numbe 59-3602			No	pplied For at Applicable
Zıp	Country	^{Zip} 3 2 4 0 5	Country			of Status Desired	Fee	.75 Add Require	
Name and Address of Current Registered Agent					7. Name and	Address of New Re	egistered Age	nt	
0.10 117				wart	Burgr	een			
CATO, H T 2622 N.MACARTHUE AVENUE PANAMA CITY, FL 34205			Street Ar 4 6 3	ddress (I 2 P i	PO.Box Numbe	r is Not Acceptable Road)		
	Λ Λ		Çity Pana	am a	City		FL	Zig 204	_ື ທິ 5
8. The above named fully submy of this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of pagistered agent.									
SIGNATURE Supplied by bed or printed rearred to the standard and wild if applicable (NOTE Registered					Burgre	en	4-13	-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DI	RECTORS	S IN 11
ITLE	îP.	XX Delete	TITLE	Р.	VP, S			Change	X Addition
NAME STREET ADDRESS CHY ST ZIP	CATO, H T 2622 N.MACARTHUR AVE PANAMA CITY, FL 32405	-12 Donie	NAME STREET ADDRESS CHY ST ZIP	Bur	green,	Stewart line Road ty, FL	_	Onlings	<u> </u>
NAME SIREET ADDRESS CHY ST ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY ST ZIP	1				Change	Addition
TITLE NAME SIREET ADORESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP				C	Change	Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY ST ZIP					Change	☐ Addition
NAME STREET ADDRESS CITY ST. ZIP		☐ Delete	THE NAME STREET ADDRESS CITY ST ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Defete	THEE HAME STREET ADDRESS CITY ST ZIP					Change	☐ Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplement report is the 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 server or kinstee 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 arrangement with an applicacy with all other like empowered.

Stewart Burgreen, Pres 4-13-06 SIGNATURE: AME OF SIGNING OFFICER OR DIRECTOR ¹³8¹⁵0 = 258 - 5170 Date