

APR/23/2007/MON 08:35 AM

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000058638

1. Entity Name
DEMOLITION DISPOSAL, INC.



Principal Place of Business
**4632 PIPELINE ROAD
PANAMA CITY, FL 32405**

Mailing Address
**4632 PIPELINE RD
PANAMA CITY, FL 32405**

40076287



2. Principal Place of Business - No P.O. Box #

4632 Pipeline Rd.

Suite, Apt. #, etc.

3. Mailing Address

4632 Pipeline Rd.

Suite, Apt. #, etc.

04232007

Chg-P

CR2E034 (12/06)

City & State

Panama City FL.

City & State

Panama City FL.

4. FEI Number

59-3602901

Applied For

Not Applicable

Zip

32404

Country

FL

Zip

32404

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURGEEEN, STEWART
4632 PIPELINE RD
PANAMA CITY, FL 32405**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-07

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVPS
BURGREEN, STEWART
4632 PIPELINE RD
PANAMA CITY, FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-07 850-747-0833