

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 012 ***158.75

DOCUMENT # P03000005687

1. Entity Name

ALL PLASTICS RECYCLING INC



Principal Place of Business

733 KRAFT RD
LAKELAND FL 33815

Mailing Address

733 KRAFT RD
LAKELAND FL 33815



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

3105 New Tampa Hwy
Lakeland FL

3. Mailing Address

5105 New Tampa Hwy
Lakeland FL

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

32-0051470

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33801

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKEY, CHRISTOPHER J
733 KRAFT RD
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

5105 New Tampa Hwy

City

Lakeland

FL

Zip

33801

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

Christopher J. Markey

(NOTE: Registered Agent's signature required when resigning)

1/29/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MARKEY, CHRISTOPHER J	
STREET ADDRESS	733 KRAFT RD	
CITY - ST - ZIP	LAKELAND FL 33815	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	Same	
STREET ADDRESS	5105 New Tampa Hwy	
CITY - ST - ZIP	Lakeland, FL 33801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE

Christopher J. Markey Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

8636889898

Daytime Phone #