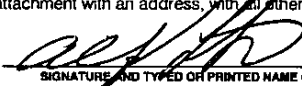


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90059 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                     |                                                                                                                     |                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000092418</b><br>1. Entity Name<br><b>THE RECYCLING CENTER, INC., OF LIVE OAK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                     |                                                                                                                     |                                                    |  |
| Principal Place of Business<br><b>700 HOUSTON AVE NW<br/>LIVE OAK, FL 32064 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                     | Mailing Address<br><b>700 HOUSTON AVE NW<br/>LIVE OAK, FL 32064 US</b>                                              |                                                                                                                                     |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | 3. Mailing Address  |                                                                                                                     |                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               | City & State        |                                                                                                                     |                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                       | Zip                 | Country                                                                                                             |                                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                     |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                         |  |
| LINTON, ALFRED L<br>700 HOUSTON AVE NW<br>LIVE OAK, FL 32064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                     |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                     |                                                                                                                     |                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>LINTON, ALFRED L</b><br><b>700 HOUSTON AVE NW</b><br><b>LIVE OAK, FL 32064</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4800 RIVER ROAD</b><br><b>LIVE OAK, FL 32060</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>LINTON, DANNY R</b><br><b>5858 209TH RD</b><br><b>LIVE OAK, FL 32060</b> <input type="checkbox"/> Delete       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TS</b><br><b>MARTIN, DENNIS C</b><br><b>4240 RIVER RD</b><br><b>LIVE OAK, FL 32060</b> <input type="checkbox"/> Delete     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                               |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                               |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                               |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                                               |                     |                                                                                                                     |                                                                                                                                     |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                     | <b>1-12-05</b> <b>386-364-5865</b><br>Date Daytime Phone #                                                          |                                                                                                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                     |                                                                                                                     |                                                                                                                                     |  |