


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S23474**

1. Entity Name  
**ENVIROCYCLE, INC.**



Principal Place of Business      Mailing Address

**110 S.E. 6TH STREET, 28TH FLOOR**      **110 S.E. 6TH STREET, 28TH FLOOR**  
**FT LAUDERDALE, FL 33301 US**      **FT LAUDERDALE, FL 33301 US**

**DO NOT WRITE IN THIS SPACE**



01152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0243954**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUDSON, HARRIS W
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	P
NAME	O'CONNOR, JAMES E
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	S
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 S.E. 6TH STREET, 28TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/09/04-80027-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_ **David A. Barclay, V.P./Sect.**    **1/16/04**    **954-769-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #