2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L96485

1. Entity Name
A.C.C. RECYCLING CORP.

Principal Place of Business	Mailing Address
1190 20TH STREET NORTH ST. PETERSBURG, FL 33713-5708	1190 20TH STREET NORTH ST. PETERSBURG, FL 33713-5708

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1936391
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOMANDO, RONALD
10109 PARADISE BLVD
TREASURE ISLAND, FL 33706

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ACCOMANDO, KATHRYN
STREET ADDRESS	10109 PARADISE BLVD
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	PS
NAME	ACCOMANDO, GENEVIEVE
STREET ADDRESS	10109 PARADISE BLVD
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	T
NAME	OSTRANDER, ARLENE
STREET ADDRESS	2888 AUTUMN GREEN DRIVE
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80003-015 150.00

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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.

SIGNATURE _____ 1/13/05 727-896-9500