

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550013

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: BIG 3 RECYCLERS, INC.

**Current Principal Place of Business:**

3595 118 AVE N  
CLEARWATER, FL 337625638 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17244  
CLEARWATER, FL 337620244 US

**New Mailing Address:**

3595 118TH AVE NORTH  
CLEARWATER, FL 337620244 US

FEI Number: 59-1778724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, GAYLA W  
8140 S KIMBERLY CIRCLE  
FLORAL CITY, FL 34436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, GAYLA W  
Address: 8140 S KIMBERLY CIRCLE  
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete  
Name: SMITH, WESLEY R  
Address: 16802 WHIRLEY RD  
City-St-Zip: LUTZ, FL 33558

Title: STD ( ) Delete  
Name: SMITH, GAYLA W  
Address: 8140 S KIMBERLY CIRCLE  
City-St-Zip: FLORAL CITY, FL 34436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLA W SMITH

PD

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date