2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 556842

Entity Name: INTER-COUNTY RECYCLING, INC.

Current Principal Place of Business:

1801 W. GULF TO LAKE HWY.
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 125
LECANTO, FL 34460125 US

New Mailing Address:

FEI Number: 59-1798414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGLIA, MICHAEL A.
718 S.E. 14TH AVENUE
OCALA, FL 34471 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: PAGLIA, MICHAEL A.,
Address: 718 S.E. 14TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete
Name: PAGLIA, MICHAEL A.,, III
Address: 3620 SE 49TH ST
City-St-Zip: OCALA, FL 34480

Title: TD ( ) Delete
Name: PAGLIA, JEAN E
Address: 718 S.E. 14TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: SMITH, ANN MARIE J
Address: 4906 SE 28TH PLACE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: PAGLIA, MICHAEL A.,, III
Address: 8285 SE 3RD COURT
City-St-Zip: OCALA, FL 34480

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: M PAGLIA PD 03/05/2009
Electronic Signature of Signing Officer or Director Date