

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90062 032 ***150.00

DOCUMENT # 576779			
1. Entity Name ALLIED SCRAP PROCESSORS, INC.			
Principal Place of Business 3330 E MAIN ST P O BOX 1585 LAKELAND, FL 33802		Mailing Address 3330 E MAIN ST P O BOX 1585 LAKELAND, FL 33802	
2. Principal Place of Business - No P.O. Box #		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	
FOWLER, WHITE, GILLEN, BOGGS ETC 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA, FL		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIA, FRANK JR	NAME	
STREET ADDRESS	2021 VOLTAIRE STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, ROSE MARIE	NAME	Mock, Rose Marie
STREET ADDRESS	2020 TENNYSON ST	STREET ADDRESS	2404 Lake ARIANA Blvd
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	Auburndale, FL 33823
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rose Mock</u>		Date: <u>3/6/08</u> Daytime Phone #: <u>863-665-7157</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40041800



02132008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1831454 Applied For Not Applicable

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