2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576779

Address:

City-St-Zip:

2404 CAKE ARIANA BLVD

AUBURNDALE, FL 33823

FILED Mar 05, 2009 Secretary of State

Entity Name: ALLIED SCRAP PROCESSORS, INC.					
Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
3330 E MA P O BOX 1 LAKELANI			3330 E MAIN ST LAKELAND, FL 338	301	
Current M	ailing Addres	ss:	New Mailing Addre	New Mailing Address:	
3330 E MA P O BOX 1 LAKELANI					
FEI Number:	: 59-1831454	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	KENNEDY BO 10	EN, BOGGS ETC DULEVARD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD (GIGLIA, FRANI 2021 VOLTAIR LAKELAND, FL	E STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PD () CAREY, ROSE) Delete MARIE,	Title: PD Name: MOCK, R	(X) Change()Addition OSE M	

Address:

City-St-Zip:

2404 LAKE ARIANA BLVD

AUBURNDALE, FL 33823

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: ROSE M. MOCK PD 03/05/2009