


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001766
 1. Entity Name
 FLORIDA RECYCLING SERVICES, INC.



Principal Place of Business Mailing Address
 1099 MILLER DRIVE 1099 MILLER DRIVE
 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-4246742 Not Applicable

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

6. Name and Address of Current Registered Agent
 VIHLEN & SILLS, P.A.
 ATTN: SIDNEY L. VIHLEN, III, PRESIDENT
 1173 SPRING CENTRE SOUTH BLVD., SUITE C
 ALTAMONTE SPRINGS, FL 32716

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD WARD, FRANK SR. 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WARD, FRANK JR. 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WARD, GEORGE M 2401 SOUTH LAFLIN STREET CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CARMODY, MATTHEW J 10644 SOUTH WESTERN AVENUE CHICAGO, IL 60643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000094324
 03/22/04-80055-006 150.00

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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)(f), 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: _____ 3/16/04 312-822-0472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #