

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 033 ***150.00

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|---|---|--|--|--|--|
| DOCUMENT # F00000001766 1. Entity Name FLORIDA RECYCLING SERVICES, INC. | | | | | |
| Principal Place of Business 1099 MILLER DRIVE ALTAMONTE SPRINGS, FL 32701 | | | Mailing Address 1122 INTERNATIONAL BLVD., 601 BURLINGTON ONTARIO CANADA L71 6Z8, XX | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 1122 INTERNATIONAL BLVD. Suite, Apt. #, etc. 601 | | |
| City & State | | | City & State BURLINGTON, ONTARIO | | |
| Zip | | Country L7L 6Z8 | | Country CANADA | |
| 4. FEI Number 36-4246742 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | P WILCOX, CHARLES A 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CAIRNS, IVAN R 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT RUBIN, RONALD L 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GOEBEL, BRIAN A 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MUTER, KIRK 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RC MAY, KEVIN 1122 INTERNATIONAL BLVD, STE. 601 BURLINGTON ONTARIO, CA L7L 6Z8 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D WILCOX, CHARLES A. 7025 E. GREENWAY PKWY., SUITE 100 SCOTTSDALE, AZ 85452 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S/D CAIRNS, IVAN R. 1122 INTERNATIONAL BLVD., SUITE 601 BURLINGTON, ONTARIO L7L 6Z7 CANADA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T/D RUBIN, RONALD L. 7025 E. GREENWAY PKWY., SUITE 100 SCOTTSDALE, AZ 85452 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GOEBEL, BRIAN A. 7025 E. GREENWAY PKWY., SUITE 100 SCOTTSDALE, AZ 85452 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MUTER, KIRK 1451 WEST CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE, FL 33309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Ivan R. Cairns</u> Ivan R. Cairns VP & Secretary April 18, 2005 905-319-6056 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |