

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003166

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: SUMRALL RECYCLING SERVICES, INC.

**Current Principal Place of Business:**

175 TODD ROAD  
SUMRALL, MS 39482

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 304  
SUMRALL, MS 39482

**New Mailing Address:**

FEI Number: 64-0914868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNAWAY, HOWARD  
1713 LIGHTHOUSE POINT DR.  
GULFBREEZE, FL 32563 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: P ( ) Delete  
Name: JAMES, ERIC  
Address: 18 SYCAMORE CIRCLE  
City-St-Zip: PETAL, MS 39465

Title: V ( ) Delete  
Name: JAMES, WANDA  
Address: 18 SYCAMORE CIRCLE  
City-St-Zip: PETAL, MS 39465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: JAMES, ERIC D  
Address: 18 SYCAMORE CIRCLE  
City-St-Zip: PETAL, MS 39465

Title: VP (X) Change ( ) Addition  
Name: JAMES, WANDA H  
Address: 18 SYCAMORE CIRCLE  
City-St-Zip: PETAL, MS 39465

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: DEBRA J. WAUTERS

OA

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date