

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F56578

1. Entity Name

PASCO RECYCLING, INC.

Principal Place of Business

15641 U.S. 301

DADE CITY FL 33525

US

Mailing Address

15641 U.S. 301

DADE CITY FL 33525

US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2139912

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEDE, MADILL

15641 U.S. 301

DADE CITY FL 33525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

5.00 May Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

V

PHILLIPS, RUSTY

15641 U.S. 301

DADE CITY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S

DEDE, MADILL

15641 U.S. 301

DADE CITY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

PHILLIPS, GUNN

15641 U.S. 301

DADE CITY FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

T

PHILLIPS, JUDY

15641 U.S. 301

DADE CITY FL

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TITLE

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STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:

DEDE MADILL

2 22 06 352-5672