


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 014 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000004188		
1. Entity Name LEE COUNTY RECYCLING, INC.		
Principal Place of Business 10550 BUCKINGHAM ROAD FT MYERS, FL 33905 US	Mailing Address 25 GREENS HILL LANE RUTLAND, VT 05701 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASELLA, JOHN W 25 GREENS HILL LANE RUTLAND, VT 05701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASELLA, DOUGLAS R 25 GREENS HILL LANE RUTLAND, VT 05701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOHLIG, JAMES W 25 GREENS HILL LANE RUTLAND, VT 05701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUFFY, SEAN 809 WEST HILL STREET CHARLOTTE, NC 28208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP NORRIS, RICHARD A 25 GREENS HILL LANE RUTLAND, VT 05701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>John W. Casella</u> <u>John W. Casella</u> <u>4/25/05</u> <u>802-775-0325</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

14003187



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0510394

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**