

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # J10944	
1. Entity Name MATS RECYCLING ENTERPRISES, INC.	

Principal Place of Business 12021 HICKS RD. HUDSON FL 34669	Mailing Address PO BOX 7346 HUDSON FL 34674-7346
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2651622		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUPER, MARY ANN 12021 HICKS RD. HUDSON FL 33567		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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SUPER, MARY ANN			NAME			
STREET ADDRESS	P.O. BOX 7344 N/A			STREET ADDRESS			
CITY- ST- ZIP	HUDSON FL			CITY- ST- ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SUPER, MARY ANN			NAME			
STREET ADDRESS	P.O. BOX 7344 N/A			STREET ADDRESS			
CITY- ST- ZIP	HUDSON FL			CITY- ST- ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SUPER, THEODORE J.			NAME			
STREET ADDRESS	P.O. BOX 7344 N/A			STREET ADDRESS			
CITY- ST- ZIP	HUDSON FL			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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 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: MARY ANN SUPER Date: April 3 2007 (727) 868-8526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR