

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67626

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FLORIDA TIRE RECYCLING, INC.

## Current Principal Place of Business:

9675 RANGE LINE RD  
PORT ST. LUCIE, FL 349872110 US

## New Principal Place of Business:

## Current Mailing Address:

9675 RANGE LINE RD  
PORT ST. LUCIE, FL 349872110 US

## New Mailing Address:

FEI Number: 59-2801031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILSON, SUSAN K  
19050 GLADES CUT-OFF ROAD  
PORT ST LUCIE, FL 34987 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: PTSD ( ) Delete  
Name: WILSON, SUSAN K  
Address: 19050 GLADES CUT-OFF ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILSON, JACQUELINE L  
Address: 19050 GLADES CUT-OFF ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D ( ) Change (X) Addition  
Name: CIALONE, ANTHONY M  
Address: 5084 POST OAK LANE  
City-St-Zip: NAPLES, FL 34105

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: SUSAN K. WILSON

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04/23/2009

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

\_\_\_\_\_  
Date