

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44165

FILED
Jan 22, 2004
Secretary of State

Entity Name: COMMERCIAL SHREDDING, INC.

Current Principal Place of Business:

51 EAST LANDSTREET RD
P.O. BOX 568396
ORLANDO, FL 328565396

New Principal Place of Business:

Current Mailing Address:

51 EAST LANDSTREET RD
P.O. BOX 568396
ORLANDO, FL 328565396

New Mailing Address:

FEI Number: 59-2925032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATEER, WILLIAM G. ESQUIRE
225 R. ROBINSON ST. SUITE 600
ORLANDO, FL 32801

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: PD () Delete
Name: CONDREY, HAL D.,
Address: 14053 MARINE COURT
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: TENENBAUM, HAROLD S.,
Address: 4500 W. BETHANY ROAD
City-St-Zip: NO LITTLE ROCK, AR

Title: VD () Delete
Name: CONDREY, DEVIN,
Address: 317 W KALEY AVE
City-St-Zip: ORLANDO, FL

Title: DST () Delete
Name: WILLS, R. J.,
Address: 4500 W. BETHANY ROAD
City-St-Zip: NO. LITTLE ROCK, AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAL D. CONDREY

PD

01/22/2004

Electronic Signature of Signing Officer or Director

Date