

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K44165

1. Entity Name
COMMERCIAL SHREDDING, INC.



Principal Place of Business
**14053 MARINE CT.
ORLANDO, FL 32832-6505**

Mailing Address
**14053 MARINE CT.
ORLANDO, FL 32832-6505**



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2925032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECHTEL, STEVEN R
225 R. ROBINSON ST. SUITE 600
ORLANDO, FL 32801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONDREY, HAL D.
STREET ADDRESS	14053 MARINE COURT
CITY-STATE-ZIP	ORLANDO, FL
TITLE	VD
NAME	TENENBAUM, HAROLD S.
STREET ADDRESS	4500 W. BETHANY ROAD
CITY-STATE-ZIP	NO LITTLE ROCK, AR
TITLE	VD
NAME	CONDREY, DEVIN
STREET ADDRESS	317 W KALEY AVE
CITY-STATE-ZIP	ORLANDO, FL
TITLE	DST
NAME	WILLS, R. J.
STREET ADDRESS	4500 W. BETHANY ROAD
CITY-STATE-ZIP	NO. LITTLE ROCK, AR
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/16/06-80051-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steven R. Bechtel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06
Date

Daytime Phone #