

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90005 011 ***150.00

DOCUMENT # L12324

1. Entity Name
AIRPORT RECYCLING SPECIALISTS, INC.



Principal Place of Business
**AIRPORT RECYCLING SPECIALIST, INC
3551 SW 2ND AVE
FT. LAUDERDALE FL 33315
US**

Mailing Address
**% DONALD J. DUERR
731 N.W. 93RD AVENUE
PEMBROKE PINES FL 33024-6332**



MOORE CR2E034 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0139678**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DUERR, DONALD J.
731 N.W. 93RD AVENUE
PEMBROKE PINES FL 33024**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUERR, DONALD J.	
STREET ADDRESS	731 NW 93RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUERR, DAVID A	
STREET ADDRESS	731 NW 93RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUERR, DONALD J	
STREET ADDRESS	205 S 30TH ST #A-35	
CITY-ST-ZIP	LARAMIE WY 82070	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW, KATHLEEN	
STREET ADDRESS	334 DUSTIN DR	
CITY-ST-ZIP	WOODSTOCK GA 30188	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUERR, CAROLE A	
STREET ADDRESS	731 NW 93RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID DUERR	
STREET ADDRESS	2290 S.W. 44 ST	
CITY-ST-ZIP	DANIA BEACH FLA 33312	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD J. DUERR JR.	
STREET ADDRESS	133 SO. FREEMONT	
CITY-ST-ZIP	PINEDALE WY 82941-1668	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, KATHLEEN	
STREET ADDRESS	334 JUSTIN DR	
CITY-ST-ZIP	WOODSTOCK GA 30188	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donald J. Duerr* **DONALD J. DUERR** 1/31/04 9544329575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #