2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 08:00 AM DOCUMENT # L72909 Secretary of State 1. Entity Name C & S RECYCLING CORPORATION Principal Place of Business Mailing Address 2032 2ND AVE SOUTH 2032 2ND AVE SOUTH ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3016048 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLAND, ROGER E Street Address (P.O. Box Number is Not Acceptable) 10339 CIRIMOYA SEMINOLE FL 33642 City 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 signalure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition NAME HOLLAND, ROGER, E NAME 10339 CIRIMOYA LANE STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SCIACCA, CHARLES, G NAME NAME STREET ADDRESS 2032 2ND AVE SOUTH STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME U00000065885 02/25/04-80055-015 150.00 STREET ADDRESS STREET ADDRESS City ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-SY-ZIP CITY-SI-ZIP गता ह Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

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SIGNATURE: / STOR HOLLAND CONTROL OF SIGNATURE AND TYPED OR PRINTED IN AUGUST DE CONTROL DE CONTROL

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