

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L96485

1. Entity Name
A.C.C. RECYCLING CORP.



Principal Place of Business
1190 20TH STREET NORTH
ST. PETERSBURG, FL 33713-5708

Mailing Address
1190 20TH STREET NORTH
ST. PETERSBURG, FL 33713-5708

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1936391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOMANDO, RONALD
10109 PARADISE BLVD
TREASURE ISLAND, FL 33706

**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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE V
NAME ACCOMANDO, KATHRYN
STREET ADDRESS 10109 PARADISE BLVD
CITY - ST - ZIP TREASURE ISLAND, FL 33706

TITLE PS
NAME ACCOMANDO, GENEVIEVE
STREET ADDRESS 10109 PARADISE BLVD
CITY - ST - ZIP TREASURE ISLAND, FL 33706

TITLE T
NAME OSTRANDER, ARLENE
STREET ADDRESS 2888 AUTUMN GREEN DRIVE
CITY - ST - ZIP ORLANDO, FL 32822

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11/21/05-80003-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

[Signature]

1/13/05 2228969600