

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90030 041 \*\*\*150.00

**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

Name

**JAMES BYRNE P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**540 4TH STREET NORTH**

City

**SAINT PETERSBURG**

FL

Zip Code

**33701**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	V	<input checked="" type="checkbox"/> Delete
NAME	ACCOMANDO, KATHRYN	
STREET ADDRESS	10109 PARADISE BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	ACCOMANDO, GENEVIEVE	
STREET ADDRESS	10109 PARADISE BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSTRANDER, ARLENE	
STREET ADDRESS	2888 AUTUMN GREEN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCOMANDO, RONALD	
STREET ADDRESS	12 MARINA TERRACE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 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:

*Ronald Accomando* **RONALD ACCOMANDO**

**3/28/08**

**727-896-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #