


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90099 049 \*\*\*\*61.25

<b>DOCUMENT # N03000006068</b> 1. Entity Name <b>RECYCLE SERVICES FOR DOMESTIC VIOLENCE, INC.</b>					
Principal Place of Business <b>109 SEACLUSION DR PANAMA CITY BEACH, FL 32413</b>			Mailing Address <b>109 SEACLUSION DR PANAMA CITY BEACH, FL 32413</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0220466</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRADBURY, GAIL 109 SEACLUSION DR PANAMA CITY BEACH, FL 32413</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, CATHARINE</b> <b>108 SEACLUSION DR</b> <b>PANAMA CITY BEACH, FL 32413</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOMACK, BRAD</b> <b>430 WAHOO RD</b> <b>PANAMA CITY BCH, FL 32405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADBURY, GAIL</b> <b>109 SEACLUSION DR</b> <b>PANAMA CITY BEACH, FL 32413</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUCK YOUNGDALE</b> <b>208 SUMMER BREEZE RD</b> <b>PANAMA CITY BCH, FL 32413</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADBURY, ROBERT</b> <b>109 SEACLUSION DR</b> <b>PANAMA CITY BEACH, FL 32413</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 617, 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.					
<b>SIGNATURE:</b> <u><i>Gail Bradbury</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-9-05</u> Daytime Phone # <u>850-233-1592</u>		