2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052659

 Entity Name DANNY'S RECYCLING & HAULING, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

5570 KORBIN AVENUE ROCKLEDGE, FL 32955 Mailing Address

5570 KORBIN AVENUE ROCKLEDGE, FL 32955



DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

| |Applied For

4. FEI Number 65-1061345

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name at	nd Address o	f Current Re	gistered Agent

GALASSO, DANIEL F JR. 1331 HAVRE STREET N.W. PALM BAY, FL 32907				DO NOT WRITE IN THIS SPACE			
8. The above the obligation	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agant and title i	f applicable. (NOTE: Registered	I Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	CTORS	-		<u> </u>	• • = •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALASSO, DANIEL F JR. 5570 KORBIN AVENUE ROCKLEDGE, FL 32955			_	U00000129515 04/25/04-80081-019 1		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (321) 632-9441