

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080798

FILED
Jul 16, 2008
Secretary of State

Entity Name: TAURUS RECYCLING, INC.

Current Principal Place of Business:

5015 16TH AVENUE S
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 14053
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 59-3534754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDINGER, CATHERINE A
3312 FOX HILL DRIVE
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

TAURUS TRANSPORT, INC
5015 16TH AVENUE
TAMPA, FL 33619 US

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.

SIGNATURE: TAURUS TRANSPORT 07/16/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EDINGER, JAMES G
Address: 3312 FOX HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: VP () Delete
Name: EDINGER, CATHERINE A
Address: 3312 FOX HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: SEC (X) Delete
Name: EDINGER, CATHERINE A
Address: 3312 FOX HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: TRES (X) Delete
Name: EDINGER, CATHERINE A
Address: 3312 FOX HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: DIR (X) Delete
Name: EDINGER, CATHERINE A
Address: 3312 FOX HILL DRIVE
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EDINGER, JAMES G
Address: P O BOX 14053
City-St-Zip: CLEARWATER, FL 33766

Title: VP (X) Change () Addition
Name: EDINGER, CATHERINE A
Address: P O BOX 14053
City-St-Zip: CLEARWATER, FL 33766

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE A. EDINGER VP 07/16/2008
Electronic Signature of Signing Officer or Director Date