2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 13, 2005 08:00 AM Secretary of State DOCUMENT # P01000036146 1. Entity Name NORTH PORT MULCHING & RECYCLING, INC. Principal Place of Business Mailing Address 6726 JOE JEFF ST P.O. BOX 1865 NORTHPORT, FL 34287 VENICE, FL 34284 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05032005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1125978 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OZARK, DAMIAN M Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 City Zin 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. Signature, typed or printed name of registered agent and title if applicable, _ (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RITZMANN, THOMAS NAME STREET ADDRESS 6726 JOE JEFF ST STREET ADDRESS CITY-ST-ZIP NORTHPORT, FL 34287 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition U00000366388 NAME NAME 05/13/05-80001-024 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS C?TY-ST-ZIP City-St-70 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 if changed, or on an attachment with an addies SIGNATURE:

NTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #