2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN **DOCUMENT # P01000047389** 1. Entity Name Secretary of State PRICE CUTTERS TRASH REMOVAL AND P-ROCK SALES. INC. Principal Place of Business ·Mailing Address 86550 OVERSEAS HIGHWAY PO BOX 370358 KEY LARGO FL 33037 ISLAMORADA FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1114656 Not Applicable Z_{ip} Country Zρ 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 Name GREGG, RICHARD M ESQ Street Address (P.O. Box Number is Not Acceptable) 12955 SW 83 CT PINECREST FL 33156 City 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 Signature, typed or printed name of registered agent a vilitie if applicable (NOTE: Registered Agent ementure required when reintenting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Delete Addition NAME CASTRO, RAUL HERNANDO NAME P.O. BOX 370358 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME MAHN, GERALD NAME HADAAAA 92/13/98-80994-004 150.00 STREET ADDRESS P.O. BOX 370358 STREET ADORESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP THEE ☐ Dalete TITLE ☐ Change Addition D MAME CASTRO, AMAYA NAME STREET ADDRESS STREET ADDRESS P.O. BOX 370358 CITY-ST-ZIP OUTY-5T-7J9 KEY LARGO FL 33037 TITLE Deiete THILE Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-28 DITY-ST-ZIP TITLE Defete BTLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THTLE ☐ De⊭ete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP

12. Thereby 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

like empowered.

SIGNATURE:

if changed, or on an attac

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ment with an address, with all o

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