

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90017 040 \*\*\*150.00

**DOCUMENT # P02000028973**

1. Entity Name  
**AUTOMOTIVE RECYCLING OF GAINESVILLE, INC.**



Principal Place of Business  
**2014 NE 23RD AVENUE  
GAINESVILLE, FL 32609**

Mailing Address  
**2014 NE 23RD AVE  
GAINESVILLE, FL 32609**



03172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3206437**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYAN, SHERMAN M  
PO BOX 21  
HIGH SPRINGS, FL 32655**

Name  
**ANTHONY J. SALZMAN, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**500 E. UNIVERSITY AVENUE, SUITE A**  
City  
**GAINESVILLE FL 32601**

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: *Anthony Salzman* **ANTHONY SALZMAN** **3/21/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BRYAN, SHERMAN M  
PO BOX 21  
HIGH SPRINGS, FL 32655** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/T  
CARL BUSSARD, JR.  
10860 N.W. 198th STREET  
MICHANOPY, FL 32667** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**XO  
BRYAN, PENNY G  
PO BOX 21  
HIGH SPRINGS, FL 32655** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**X** ☒ Change ☐ Addition

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: *Sherman Bryan* **Sherman Bryan Randall** **3/21/2006** **352-377-2234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #