



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90007 003 \*\*\*158.75

<b>DOCUMENT # P03000005687</b>					
<b>1. Entity Name</b> ALL PLASTICS RECYCLING INC					
<b>Principal Place of Business</b> 2840 HAMMOCK DRIVE PLANT CITY, FL 33566			<b>Mailing Address</b> 2840 HAMMOCK DRIVE PLANT CITY, FL 33566		
<b>2. Principal Place of Business</b> 733 Kraft Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 733 Kraft Road Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		<b>4. FEI Number</b> 32-0051470	
Zip 33815		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARKEY, CHRISTOPHER J 2840 HAMMOCK DRIVE PLANT CITY, FL 33566			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 733 Kraft Road (CN) City Lakeland FL Zip Code 33815		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARKEY, CHRISTOPHER J 2840 HAMMOCK DRIVE PLANT CITY, FL 33566		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Christopher J. Markey</u>			Date <u>2/6/06</u> Daytime Phone # <u>863-688-9898</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					