2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State
01-29-2004 90025 022 ***150.00

DOCUMENT # P03000013960

1. Entity Name
SUNSHINE STATE RECYCLING, INC.

Principal Place of Business
643 SNUG ISLAND
CLEARWATER FL 33767

Mailing Address
643 SNUG ISLAND
CLEARWATER FL 33767

004U1J1U

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
429 Poinsettia	643 Snug Island
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Fl.	City & State: Clearwater Fl.
Zip: 33767 Country: Pinellas	Zip: 33767 Country: Pinellas

4. FEI Number 42-1576247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KENNEDY, ROBERT M
643 SNUG ISLAND
CLEARWATER FL 33767

7. Name and Address of New Registered Agent
Name: Kennedy, Robert m
Street Address (P.O. Box Number is Not Acceptable): 643 Snug Island
City: Clearwater FL Zip Code: 33767

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: Robert M Kennedy Robert M Kennedy (President) 01/21/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNEDY, ROBERT M	NAME	
STREET ADDRESS	643 SNUG ISLAND	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Gazda-Kennedy Teresa m	NAME	
STREET ADDRESS	643 Snug Island	STREET ADDRESS	
CITY-ST-ZIP	Clearwater Fl. 33767	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	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE: Robert M Kennedy Robert M Kennedy (President) 01/21/04 727-447-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #