2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# P03000069916

Entity Name: SOCRUM RECYCLERS OF POLK COUNTY, INC.

Current Principal Place of Business:

10300 OLD DADE CITY ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

10300 OLD DADE CITY ROAD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 06-1701549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, MICHAEL
10300 OLD DADE CITY ROAD
LAKELAND, FL 33810

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	IAFRATE, SHARON F	
Address:	3930 J.A. FENTON RD	
City-St-Zip:	LAKELAND, FL 33818	
Title:	D	( ) Delete
Name:	FENTON, JERALD	
Address:	4015 J.A. FENTON RD	
City-St-Zip:	LAKELAND, FL 33818	
Title:	D	( ) Delete
Name:	FENTON, ANGELA	
Address:	4015 J.A. FENTON RD	
City-St-Zip:	LAKELAND, FL 33818	
Title:	D	( ) Delete
Name:	GRAY, MICHAEL	
Address:	10300 OLD DADE CITY ROAD	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	GRAY, JAMES	
Address:	3707 J.A. FENTON ROAD	
City-St-Zip:	LAKELAND, FL 33818	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON F. IAFRATE PRES 08/11/2004

Electronic Signature of Signing Officer or Director — Date