2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000069916

1. Entity Name
SOCRUM RECYCLERS OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
10300 OLD DADE CITY ROAD LAKELAND, FL 33810	10300 OLD DADE CITY ROAD LAKELAND, FL 33810

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1701549
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IAFRATE, SHARON F
STREET ADDRESS	3930 J.A. FENTON RD
CITY-ST-ZIP	LAKELAND, FL 33818
TITLE	D
NAME	FENTON, JERALD
STREET ADDRESS	4015 J.A. FENTON RD
CITY-ST-ZIP	LAKELAND, FL 33818
TITLE	D
NAME	FENTON, ANGELA
STREET ADDRESS	4015 J.A. FENTON RD
CITY-ST-ZIP	LAKELAND, FL 33818
TITLE	D
NAME	GRAY, MICHAEL
STREET ADDRESS	10300 OLD DADE CITY ROAD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	GRAY, JAMES
STREET ADDRESS	3707 J.A. FENTON ROAD
CITY-ST-ZIP	LAKELAND, FL 33818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001271172
04/21/05-80036-014 150.00

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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: Sharon F. Iafrate 3-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #