

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069916

FILED
Aug 03, 2006
Secretary of State

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 US

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 Chapter 119, 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: MICHAEL GRAY

DIR

08/03/2006

Electronic Signature of Signing Officer or Director

Date