

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069916

FILED  
Mar 17, 2008  
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

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: 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:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON F. IAFRATE

DIR

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date