## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Jan 11, 2008 8:00 am Secretary of State

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DOCUMENT # P0400077268  1. Entity Name 1ST COAST RECYCLING, INC.									-11-2008 900	=		
Principal Place of Business Mailing Address												
205 BELL BE JACKSONVILL	RANCH LANE		205 BE	205 BELL BRANCH LANE JACKSONVILLE, FL 32259								
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
108 SEAF			108 S	108 SEABOARD DRIVE				(	arri 01611 Milita awiri 691	ii marii fakii ik	112 HOLD BILD IRII	1861 (1 1891
Suite, Apt.			Suite.	Suite, Apt. #. etc.				01052008	Chg-P	CR2E0	34 (12/06)	
			_						<u>_</u>			
City & State				PALATKA FLORIDA				<ol> <li>FEI Number</li> <li>20 1120</li> </ol>			<u> </u>	plied For at Applicable
Zip Country				Zip Country			-	20-1120520 Not Applicable  5. Catificate of Status Posited   \$8.75 Additional				
Zip <b>32</b> 1.7.7	,	USA	321	77.		ISA	- 1	5. Certificate of	f Status Desired		Fee Required	
V-1-1-1		and Address of Curren						7. Name and	Address of New F	Registered	Agent	
						Name						
BUGG, JAMES W							ress (P.	O. Box Number	is Not Acceptable	<u>-</u>		
1189 HIDEAWAY DR. N. JACKSONVILLE, FL FL						Circle Addition (1999) Service Addition (Cooperation)						
JACKSON	IVILLE, I L											
						City					Zip Code	e
										FL	_	
	ions of regis	y submits this statement tered agent.	ioi the purpos	e or changing	ils register	ed office of ret	:yisteret	agent, or bott	, iii (i)e State Oi Fi	unoa. Tani	tarrillar with,	ans accept
SIGNATURE.		or printed name of registered age		-bls (A	ACTE Departure	ed Agent signature re	rnd	non (eidet:stand)		DATE		
	Signature, typer	or printed name or registered age	in and the rappie	1010 (11	TOTE REGISTER	- Agent agridure is	едигес и	non remarking)				
		FEE IS \$150,00 8 Fee will be \$550		Election Cam Trust Fund Co				<b>0</b> May Be I to Fees				!
10.		OFFICERS AN	D DIRECTOR	s	11.			ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	Р			☐ Delete	TITL	E					☐ Change	Addition
NAME	BUGG, J				NAN	1						
STREET ADDRESS						EET ADDRESS						
City-St-ZIP		/-ST-2IP										
TITLE	VP			Delete	TITL						☐ Change	☐ Addilion
NAME STREET ADDRESS		ORAND, MICHAEL E  205 BELL BRANCH LANE  STR										
CITY-ST-ZIP	l .	NVILLE, FL 32259				EET ADORESS (-ST-ZIP						
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NAME				□ Delete	NAN						onenge	
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NAME STREET ADDRESS	ļ.				NAN R12	EET ADDRESS						
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TITLE NAME	}			Delete	NAN						☐ Change	☐ Addition
STREET ADDRESS						ÉET ADDRÉSS						
CITY-ST-ZIP					CIT	r-ST-ZIP						
12. I hereby	certify that th	ne information supplied w	ith this filing o	toes not qualif	y for the ex	emptions cont	tained i	n Chapter 119.	Florida Statutes.	I further cer	rtify that the in	nformation
indicated of the cor changed	t on this repo rporation or t , or on an att	ne information supplied wont or supplemental report he receiver or trudee eachment with a dariess	is true and a powered to e s, with all orbe	ccurate and the secute this rep r like empower	at my signa oort as requ red.	iture shall have fired by Chapte	e the sa er 607,	ime legal effect Florida Statutes	as if made under and that my nam	oath: that I ne appears	am an officer in Block 10 or	or director r Block 11 if

Mechani ORMD/-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-326-6061 Dayline Phone i