


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P04000079954 1. Entity Name AUTOMOTIVE RECYCLING COMMUNICATION SYSTEMS INC	
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Principal Place of Business 13396 76TH STREET LIVE OAK, FL 32060 US	Mailing Address 13396 76TH STREET LIVE OAK, FL 32060 US
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1150819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, BRADFORD C 13396 76 TH STREET LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, WILLIAM E 209 MARYMAC STREET LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, LAURENCE L SR 12654 US 129 SOUTH LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, LEROY D JR 10843 SR 51 SOUTH LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, BRADFORD C 14544 96TH PLACE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/07-80074-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

386-362-7387

Daytime Phone #