


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000134340 1. Entity Name RECYCLED CYCLE, INC.		
Principal Place of Business 39320 U.S. HWY. 19 NORTH TAROPN SPRINGS, FL 34689 US	Mailing Address 39320 U.S. HWY. 19 NORTH TARPON SPRINGS, FL 34689 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent MANDELBAUM & FITZSIMMONS, P.A. 201 N. FRANKLIN STREET 2720 TAMPA, FL 33602		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAWRENCE, JAMES E 1831 AMARYLLIS CT. TRINITY, FL 34655	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAMES, PALMA L 1831 AMARYLLIS CT. TRINITY, FL 34655	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>Palma L. James, V.P.</i> - 1-13-06 727-934-3366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number **38-3708663** Applied For Not Applicable

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

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IN THIS SPACE**

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