## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 11, 2008 8:00 am Secretary of State DOCUMENT # P04000134340 04-11-2008 90057 015 \*\*\*150.00 RECYCLED CYCLE, INC. Principal Place of Business Mailing Address 39320 U.S. HWY. 19 NORTH 39320 U.S. HWY, 19 NORTH TARPON SPRINGS, FL 34689 TAROPN SPRINGS, FL 34689 US US Principal Place of Business - No P.O. Box # 37 State Koad 01222008 Chq-P CR2E034 (12/06) 4. FEI Number Applied For 38-3708663 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANDELBAUM & FITZSIMMONS, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET 2720 TAMPA, FL 33602 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. INTE Delete TETLE ☐ Change Addition LAWRENCE, JAMES E NAME STREET ADDRESS 1631 AMARYLLIS CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRINITY, FL 34655 VΡ Delete ☐ Change Addition TITLE TITE F JAMES, PALMA L NAME NAME 1631 AMARYLLIS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Chance ☐ Addition TRUE ☐ Delete THIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

04-08-08 727-8

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