2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P04000136443 1. Entity Name 04-27-2005 90318 034 ***150.00 VLC RECYCLING & MULCHING, INC. Principal Place of Business Mailing Address 1044 ALBEE FARM ROAD VENICE FL 34285 1044 ALBEE FARM ROAD VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number City & State City & State Applied For <u> 20 - 1686911</u> Not Applicable Zip Zip 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 Name DEANS, STEPHEN T JR. Street Address (P.O. Box Number is Not Acceptable) 1044 ALBEE FARM ROAD VENICE FL 34285 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITLE ☐ Addition Change DEANS, STEPHEN T JR. NAME NAME STREET ADDRESS 1044 ALBEE FARM ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

Steve Deans, Jr.

FILED