

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90002 035 ***150.00

DOCUMENT # P05000104123

1. Entity Name
CENTRAL FLORIDA TREE RECYCLING, INC.



Principal Place of Business
**1400 NW 18TH ST.
OCALA, FL 34475**

Mailing Address
**1400 NW 18TH ST.
OCALA, FL 34475**

2. Principal Place of Business

3. Mailing Address

4775 NW 44TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala FL

Zip

Country

Zip
34482

Country
USA

06192006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3192910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STAVOLA, ROBERT
4775 NW 44TH AVE.
OCALA, FL 34482**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **STAVOLA, ROBERT**
STREET ADDRESS **4775 NW 44TH AVE.**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **DV** ☐ Delete
NAME **STAVOLA, WILLIAM**
STREET ADDRESS **4775 NW 44TH AVE.**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE **DT** ☐ Delete
NAME **STAVOLA, JESSE**
STREET ADDRESS **4775 NW 44TH AVE.**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Stavola

7/10/06 (350)620-8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #