

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 014 \*\*\*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  
**4775 NW 44TH AVE  
OCALA, FL 34482**

**DO NOT WRITE IN THIS SPACE**



03282007 No 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**

**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	DP
NAME	STAVOLA, ROBERT
STREET ADDRESS	4775 NW 44TH AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	DV
NAME	STAVOLA, WILLIAM
STREET ADDRESS	4775 NW 44TH AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	DT
NAME	STAVOLA, JESSE
STREET ADDRESS	4775 NW 44TH AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** William Stavola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 (352)620-8072

Date

Daytime Phone #