


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 042 \*\*\*150.00

<b>DOCUMENT # P06000051469</b> 1. Entity Name <b>CUSTOM MULCHING &amp; RECYCLING, INC.</b>					
Principal Place of Business <b>11843 CAMDEN ROAD JACKSONVILLE, FL 32218-3867</b>			Mailing Address <b>11843 CAMDEN ROAD JACKSONVILLE, FL 32218-3867</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 77100</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>JACKSONVILLE</b>			
Zip	Country	Zip <b>FL</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>EUNICE, CECIL 11843 CAMDEN RD JACKSONVILLE, FL 32226</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Cecil M. Eunice</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CECIL, EUNICE</b> <b>11843 CAMDEN ROAD</b> <b>JACKSONVILLE, FL 322183867</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Cecil M. Eunice</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		