

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90077 006 ***150.00

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DOCUMENT # P06000155504					
1. Entity Name 1ST COAST RECYCLING TRANSPORTATION, INC.					
Principal Place of Business 108 SEABOARD DR PALATKA, FL 32177			Mailing Address 205 BELL BRANCH LN JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 108 SEABOARD DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALATKA FLORIDA		4. FEI Number 20-8026987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32177		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOWNSEND, WILLIAM L JR WALTON & TOWNSEND, P.A. 200 REID ST - STE 2 PALATKA, FL 32177			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORAND, MICHAEL	NAME			
STREET ADDRESS	205 BELL BRANCH LN	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32259	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUGG, JAMES W	NAME			
STREET ADDRESS	1189 HIDEAWAY DR NORTH	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32259	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUGG, ELIZABETH	NAME			
STREET ADDRESS	1189 HIDEAWAY DR NORTH	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32259	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORAND, DAWN	NAME			
STREET ADDRESS	205 BELL BRANCH LN	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32259	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:		Date: 1-5-08		Daytime Phone #: 386-326-6061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	