

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123135

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** DIVERSIFIED RECYCLING SERVICES, INC.

**Current Principal Place of Business:**

209 BALL PARK AVE.  
SEFFNER, FL 33584

**New Principal Place of Business:**

209 BALL PARK AVE.  
SEFFNER, FL 335845700

**Current Mailing Address:**

209 BALL PARK AVE.  
SEFFNER, FL 33584

**New Mailing Address:**

209 BALL PARK AVE.  
SEFFNER, FL 335845700

**FEI Number:** 26-1406647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELAUNE, SCOTT  
209 BALL PARK AVE.  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

DELAUNE, SCOTT  
209 BALL PARK AVE.  
SEFFNER, FL 335845700 US

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.

SIGNATURE: \_\_\_\_\_

04/15/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELAUNE, SCOTT  
Address: 209 BALL PARK AVE.  
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DELAUNE, SCOTT  
Address: 209 BALL PARK AVE.  
City-St-Zip: SEFFNER, FL 335845700

Title: S ( ) Change (X) Addition  
Name: DELAUNE, LINDA  
Address: 209 BALL PARK AVE  
City-St-Zip: SEFFNER, FL 335845700

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT DELAUNE

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date