2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90036 005 ***150.00

DOCUMENT # P08047

1. Entity Name

KARLE ENVIRO-ORGANIC RECYCLING, INC.

Principal Place of Business	Mailing Address
R.R. #6, BOX 741 CRAWFORDSVILLE IN 47933	R.R. #6, BOX 741 CRAWFORDSVILLE IN 47933

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3637 N 275 E		Suite, Apt. #, etc. 3637 N 275 E	
City & State Crawfordsville In		City & State Crawfordsville In	
Zip 47933	Country USA	Zip 47933	Country USA

4. FEI Number 35-1496230 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KARLE, BERNARD W
10018 S. YACHT CLUB DRIVE
TREASURE ISLAND FL 33706

SAME

7. Name and Address of New Registered Agent

Name Bernard W Karle
Street Address (P.O. Box Number is Not Acceptable) 10018 S. Yacht Club Drive
City Treasure Island FL Zip Code 33706

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] DATE 2-17-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TS	☐ Delete	TITLE	TS	☒ Change ☐ Addition
NAME	KARLE, KRISH		NAME	Alexander, Krish	
STREET ADDRESS	173 COCONUT STREET		STREET ADDRESS	7507 Geoant Blvd	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		CITY-ST-ZIP	Punta Gorda Fl. 33982	
TITLE	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	KARLE, NEIL P		NAME	Karle, Neil P	
STREET ADDRESS	RT. 6 BOX 740		STREET ADDRESS	3718 N 275 E	
CITY-ST-ZIP	CRAWFORDSVILLE IN 47933		CITY-ST-ZIP	Crawfordsville In 47933	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] 2-17-04 765 362-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #