2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🔀

ANNUAL REPURI						Apr 28, 2005 08:00 AM- Secretary of State				
DOCUMENT # P92000001533 1. Entity Name OCALA RECYCLING, INC.						Secret	ary o	f Stat	e e	
Principal Place of Business Mailing Address					Ī					
2402 N.W. 6TH ST.		107 NE 1ST AVE.		\						
OCALA, FL 34475 US		OCALA, FL 34470				ITIYƏ NƏN ERMİ ƏFİİF BRI	## ########## ########################	AL BRIDG RIGH II'		
2. Principal Place of Business		3. Mailing Address		···········						
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			01102005	Chg-P	CR2E03	4 (10/03)	niled For	
City & State					4. FEI Number 59-317			No	pplied For ot Applicable	
Zip	Country	Zip	Count		'	of Status Desired	KAN F	8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent		
BIANCULLI, RICHARD				Ivaille						
2402 N.W. 6 ST. OCALA, FL 32675				Street Address (P.O. Box Number is Not Acceptable)						
				City		····	FL	Zip Code	e	
8. The above	e named entity submits this statement for	ed office or registe	red agent, or bot	h, In the State of Flo	orida. I am fa	 amiliar with,	and accept			
	tions of registered agent.	-	•	-					'	
SIGNATURE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITL	1		e de perior has marin	~ * ~ ~ ~ * *	Change	Addition	
NAME STREET ADDRESS	BIANCULLI, RICHARD 2402 NW 6TH ST.		NAM	ME EET ADDRESS		1100000 -04/28/05	80134-C 2402(I)20 1 EQ) 	
CITY-ST-ZIP	OCALA, FL			(-ST-ZIP		CO 14 ENDS STATE 1	00107 4	'EU 1.JU		
TITLE	D	☐ Delete	TITL	Ē				Change	Addition	
NAME	BIANCULLI, MICHAEL		NAM	- 1					-	
STREET ADDRESS CITY-ST-ZIP	2402 NW 6TH ST. OCALA, FL	•		EET ADDRESS (-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	Addition	
NAME			NAM	i						
STREET ADDRESS CITY-ST-ZIP		··········		EET ADDRESS (-ST-ZIP						
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NAME			NAM	AE Ì						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	and the About the Safarana Management of the Saf	a this file a days and account of		/-SY-ZIP	ntion 110 07/01/	N Stanley October	l formbre	fire the not the not	oformat's	
indicated	certify that the information supplied with in this report or supplemental report in supplemental report in the rep	or any nime does not qualify to strue and accurate and that i	my signa	support stated in Setture shall have the	same legal effect 7. Florido Statuto	y, riorida Statutes. It as if made under o	oath; that I ar	n an officer	or director	
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 suppliemental 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 of the reverver or trustee empowered to execute this seport 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.										

FILED

RICHARD BIANCULLI 1/19/05 (352) 351-3383