2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000069537

1. Entity Name
F E DEVELOPMENT RECYCLING, INC.

Principal Place of Business	Mailing Address
5456 HOFFNER AVENUE SUITE 206 ORLANDO FL 32812 US	5456 HOFFNER AVENUE SUITE 206 ORLANDO, FL 32812 US

03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3201053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOUNTAIN, JAMES E JR
5456 HOFFNER AVE
SUITE 206
ORLANDO, FL 32812

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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Electronic Document Processing Trust Fund Compliance ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FOUNTAIN, JAMES E JR
STREET ADDRESS	5396 HOFFNER AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	FOUNTAIN DEBRA K
STREET ADDRESS	5396 HOFFNER AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80015-006 150.00

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 above, or on an attachment with an asterisk. All fields are required.

SIGNATURE: Debra K Fountain 3/29/04 407-275-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER