

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90029 040 ***150.00

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1. Entity Name
RESOURCE RECOVERY SYSTEMS OF SARASOTA, INC.



Principal Place of Business
**4700 MIDDLE ROAD
SARASOTA, FL 34234**

Mailing Address
**25 GREENS HILL LANE
RUTLAND, VT 05701 US**

40067035



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1406506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CASELLA, JOHN W
25 GREENSHILL LANE
RUTLAND, VT 05701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CASELLA, DOUGLAS R
25 GREENSHILL LANE
RUTLAND, VT 05701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BOHLIG, JAMES W
25 GREENSHILL LANE
RUTLAND, VT 05701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DUFFY, SEAN
809 WEST HILL ROAD
CHARLOTTE, NC 28208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
NORRIS, RICHARD A
25 GREENSHILL LANE
RUTLAND, VT 05701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2008

802 775 8325

John W. Casella, Secretary & President