2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2006 8:00 am
Secretary of State
07-03-2006 90002 015 ***150.00

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1. Entity Name

JAX RECYCLING, INC.

Principal Place of Business	Mailing Address
2111 LIBERTY ST N JACKSONVILLE FL 32206-3827 US	~~5888 NORWOOD AVE JACKSONVILLE FL 32208~~

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
	6682 Co Rd 119
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Bryceville FL
Zip / Country	Zip: 32009 / Country

4. FEI Number 59-3318416 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRASER, MICHAEL 5888 NORWOOD AVE JACKSONVILLE FL 32208	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PASCHAL, ROBERT B 3729 TROUT RIVER BLVD JACKSONVILLE FL 32208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRASER, MICHAEL E 5888 NORWOOD AVE JACKSONVILLE FL 32208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bobby Paschal BOBBY Paschal 6-21-06 904-354 0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

JAX RECYCLING, INC.

7-25-06

~~#P950000410421~~ 66022565

I did not Receive my card in The mail To Renew. I Tried To Renew on The Computer before The deadLine with no Luck. I sent an Email and got no Response. I did Reach By Phone & you sent me a Renewal form. I have had The corporation for over 10 yrs and have not had a problem. I feel Like I should not Have To pay The LaTe Charge

Thanks
Bobby Pouchal
Pres.

Serving the U.S.A. and abroad for over 10 years
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