

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000073980

1. Entity Name
ZEPHYRHILLS RECYCLING, INC.



Principal Place of Business
9150 GALL BLVD.
ZEPHYRHILLS, FL 33540

Mailing Address
9150 GALL BLVD.
ZEPHYRHILLS, FL 33540

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3345202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, KATRINA K
9150 GALL BLVD.
ZEPHYRHILLS, FL 33541

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, KATRINA K
STREET ADDRESS	15642 LAZY D RANCH RD
CITY - ST - ZIP	DADE CITY, FL 33523
TITLE	VP
NAME	DAVENPORT, ROBERT L
STREET ADDRESS	1902 ORIENT RD.
CITY - ST - ZIP	TAMPA, FL
TITLE	S
NAME	DAVENPORT, LINDA R
STREET ADDRESS	1902 ORIENT RD.
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/05-80047-024 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05 813-780-7959