


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 22, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000014505</b>		
1. Name <b>SAFeway ANTIFREEZE RECYCLERS CORP.</b>		
Principal Place of Business <b>5105 PHILIPS HWY #306 JACKSONVILLE, FL 32207 US</b>		Mailing Address <b>P.O. BOX 47346 JACKSONVILLE, FL 32247 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SLOANE, DAVID SAFeway ANITFREEZE RECYCLERS CORP. 5719 GREENLAND RD JACKSONVILLE, FL 32258</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>UD00000324576 04/22/05-80097-022 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS SLOANE, DAVID MARC P.O. BOX 47346 JACKSONVILLE, FL 32207</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 807, 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: <u>David Sloane</u> <u>David Sloane</u>		Date <u>4-21-05</u> Daytime Phone # <u>904 731-3113</u>