

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000014505

1. Entity Name
SAFEWAY ANTIFREEZE RECYCLERS CORP.



**FILED
May 01, 2006 08:00 AM
Secretary of State**

Principal Place of Business
**5105 PHILIPS HWY
#306
JACKSONVILLE, FL 32207 US**

Mailing Address
**P.O. BOX 47346
JACKSONVILLE, FL 32247 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State



04272006 Chg-P CR2E034 (11/05)
4. FEI Number
59-3366587
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SLOANE, DAVID
SAFEWAY ANTIFREEZE RECYCLERS CORP.
5719 GREENLAND RD
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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

David Sloane

4-28-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. 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	DPVS SLOANE, DAVID MARC P.O. BOX 47346 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *David Sloane president* David Sloane *4-28-06 904-994-9999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *cell*