

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000020857

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: FLORIDA WOOD RECYCLING, INC.

**Current Principal Place of Business:**

9651 NW 89 AVE  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9651 NW 89TH AVE  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 65-0717263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIMOIN, GERRY  
9651 NW 89TH AVE  
MEDLEY, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GNIWISCH, SAMUEL  
Address: 6750 WESTBURY  
City-St-Zip: MONTREAL QUE,

Title: PT ( ) Delete  
Name: SCHNEIDER, HARVEY  
Address: 1380 WEEPING WILLOW WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete  
Name: RIMOIN, GERRY  
Address: 9651 NW 89 AVE.  
City-St-Zip: MEDLEY, FL 33178

Title: D ( ) Delete  
Name: GNIWISCH, MAYLR  
Address: 4970 CARLTON  
City-St-Zip: MONTREAL, QUEBEC,

Title: D ( ) Delete  
Name: BURNELL, LON  
Address: 102 MCNAMARA ROAD  
City-St-Zip: NEW HEMPSTEAD, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY SCHNEIDER

PT

03/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date