

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90204 024 ***150.00

DOCUMENT # P96000069446 1. Entity Name NORTH FLORIDA SHREDDING, INC.																																																																																																																																			
Principal Place of Business 614 FORTUNE BLVD MIDWAY, FL 32343			Mailing Address PO BOX 470 MIDWAY, FL 32343																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country	4. FEI Number 59-3394449																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent BARTLETT, THOMAS A 614 FORTUNE BLVD MIDWAY, FL 32343				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
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 (NOT: Registered Agent signature required when transacting)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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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: <i>Bonnie A. Bartlett</i> <i>Thomas A. Bartlett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			
Date <i>4/28/08</i>				Daytime Phone # <i>309-1996</i>																																																																																																																															