

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091953

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: AMERICAN ASH RECYCLING CORP. OF PENNSYLVANIA

**Current Principal Place of Business:**

6622 SOUTHPOINT DRIVE SOUTH  
SUITE 310  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6622 SOUTHPOINT DRIVE SOUTH  
SUITE 310  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3448120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, GAMBRELL & RUSSELL, LLP  
50 N. LAURA ST.  
SUITE 2600  
JACKSONVILLE, FL 32202 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: DP ( ) Delete  
Name: ALBRIGHT, GEORGE F  
Address: 1690 HEMPFIELD DR  
City-St-Zip: YORK, PA 17404

Title: CD ( ) Delete  
Name: VAN THIEL, GIJS  
Address: 176 BROADWAY  
City-St-Zip: NEW YORK, NY 10038

Title: DVTS ( ) Delete  
Name: WEEKS, CONNIE L  
Address: 6858 PLUM LAKE LANE E  
City-St-Zip: JACKSONVILLE, FL 32222

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

Title: DP (X) Change ( ) Addition  
Name: DANIEL, MUELLER  
Address: 318 HUNTER PATH ROAD  
City-St-Zip: HUMMELSTOWN, PA 17036

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 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: CONNIE WEEKS

DVTS

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date