04-12-2007 90024 001 ***150.00
P98000010000

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 18 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010000

1. Entity Name
BANKS RECYCLING CENTER, INC.

Principal Place of Business	Mailing Address
17998 N.W. HIGHWAY 19 FANNING SPRINGS, FL 32693	17998 N.W. HIGHWAY 19 FANNING SPRINGS, FL 32693

03092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14298 NW Hwy 19	14298 NW Hwy 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chiefland	City & State: Chiefland
Zip: 32626 Country: Levy	Zip: 32626 Country: Levy

4. FEI Number: 62-1695671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHREVE, SHARON D
17998 N.W. HIGHWAY 19
FANNING SPRINGS, FL 32693

7. Name and Address of New Registered Agent

Name: Sharon D. Shreve
Street Address (P.O. Box Number is Not Acceptable): 14298 NW Hwy 19
City: Chiefland FL Zip Code: 32626

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: Sharon D. Shreve (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. 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	P SHREVE, SHARON D 17998 N.W. HWY 19 FANNING SPRINGS, FL 32693 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Shreve, Sharon D. 14298 NW Hwy 19 Chiefland, Fla. 32626 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/18 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sharon D. Shreve (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/5/07 Daytime Phone #: 352-490-0990