

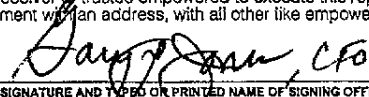


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000085907		
1. Entity Name RECYCLABLE 100, INC.		
Principal Place of Business 1616 SOUTH 14TH STREET LEESBURG, FL 34748		Mailing Address 1616 SOUTH 14TH STREET LEESBURG, FL 34748
DO NOT WRITE IN THIS SPACE		
		
01172006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3600363		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GREGG, F.BROWNE 1616 SOUTH 14TH STREET LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000394687 01/26/06-80018-021 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNE, GREGG F 1616 S 14TH STREET LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GREGG, F. BROWNE 1616 S 14TH STREET LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRETT, KYLE 1616 S 14TH STREET LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV JONES, GARY L 1616 S 14TH STREET LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, GARY L 1616 S. 14TH STREET LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  CFO		1/18/06 352 365 6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #