


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # S95402 1. Entity Name MAIN RECYCLING COMPANY, INC.	
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Principal Place of Business
**1352 W BEAVER STREET
JACKSONVILLE, FL 32209 US**

Mailing Address
**P.O. BOX 2348
JACKSONVILLE, FL 32203**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3093397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET STE 1800
JACKSONVILLE, FL 32202**

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POPE, JAMES R 1352 W BEAVER STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DRAKE, BARBARA J 1352 W BEAVER STREET JACKSONVILLE, FL 32209
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04/27/05-80048-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara J Drake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

904-354-3708