


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 028 ***150.00

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|---|---|--|---|
| DOCUMENT # V12171 | |  | |
| 1. Entity Name ALL AROUND RECYCLING, INC. | | | |
| Principal Place of Business 5615 E POWHATTAN AVE TAMPA, FL 33610 | | Mailing Address 5615 E POWHATTAN AVE TAMPA, FL 33610 | |
| 2. Principal Place of Business 4517 Transport Dr. | | 3. Mailing Address 4517 Transport Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tampa FL | | City & State Tampa FL | |
| Zip 33605 | Country USA | Zip 33605 | Country USA |
| 4. FEI Number 59-3110130 | | 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 FORGIONE, AL 5615 E POWHATTAN AVE TAMPA, FL 33610 | | 7. Name and Address of New Registered Agent Name Forcione, AIFredo Street Address (P.O. Box Number is Not Acceptable) 4517 Transport Dr. City Tampa FL Zip Code 33605 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD FORGIONE, AL 5615 E POWHATTAN AVE TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: A. Forcione President | | Date: Jan 9 2004 813-242-0424 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

04010040



01082004 Chg-P CR2E034 (10/03)