
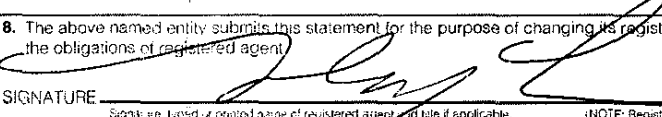
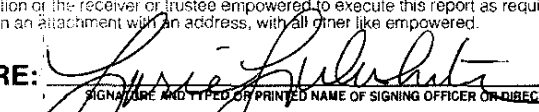


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90069 028 ***550.00

| | | | | | |
|---|-------------------------------------|--|---|--|-------------------|
| DOCUMENT # V14182 | | | |  | |
| 1. Entity Name MODERN RECYCLING, INC., OF FLORIDA | | | | | |
| Principal Place of Business 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34185 US | | | Mailing Address 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0315348 | |
| | | | | 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 JOHNSON, DOUGLAS L 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name Michael J. Ciccarone | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 1515 Broadway | | |
| | | | City Fort Myers | | FL |
| | | | | | Zip Code 33901 |
| 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  | | | | 8-11-04 | |
| Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASHUTA, STEVE | NAME | | | |
| STREET ADDRESS | 4746 MODEL CITY RD., | STREET ADDRESS | | | |
| CITY-ST-ZIP | MODEL CITY, NY | CITY-ST-ZIP | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASHUTA, LORIE | NAME | | | |
| STREET ADDRESS | 4746 MODEL CITY RD. | STREET ADDRESS | | | |
| CITY-ST-ZIP | MODEL CITY, NY 14107 | CITY-ST-ZIP | | | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASHUTA, RICHARD | NAME | | | |
| STREET ADDRESS | 4746 MODEL CITY RD. | STREET ADDRESS | | | |
| CITY-ST-ZIP | MODEL CITY, NY 14107 | CITY-ST-ZIP | | | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WASHUTA, SONIA | NAME | | | |
| STREET ADDRESS | 4746 MODEL CITY RD. | STREET ADDRESS | | | |
| CITY-ST-ZIP | MODEL CITY, NY 14107 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | | 8-6-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| | | | | Daytime Phone # | |

54068173



07172004 Chg-P CR2E034 (10/03)