

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0315348

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J
 1515 BROADWAY
 FORT MYERS, FL 33901

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

02/01/06-80042-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WASHUTA, STEVE
STREET ADDRESS	4746 MODEL CITY RD.,
CITY-ST-ZIP	MODEL CITY, NY
TITLE	SD
NAME	WASHUTA, LORIE
STREET ADDRESS	4746 MODEL CITY RD.
CITY-ST-ZIP	MODEL CITY, NY 14107
TITLE	VPD
NAME	WASHUTA, RICHARD
STREET ADDRESS	4746 MODEL CITY RD.
CITY-ST-ZIP	MODEL CITY, NY 14107
TITLE	VPD
NAME	WASHUTA, SONIA
STREET ADDRESS	4746 MODEL CITY RD.
CITY-ST-ZIP	MODEL CITY, NY 14107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-06
 Date

(716) 754-8226
 Daytime Phone #