

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F36054 1. Entity Name PLASTIC TUBING INDUSTRIES, INC.	
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Principal Place of Business 750 VULCAN RD. P.O. BOX 607356 ORLANDO, FL 32860	Mailing Address 750 VULCAN RD. P.O. BOX 607356 ORLANDO, FL 32860
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2090731	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HELLER, B.J. 116 E. CONCORD STREET ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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.

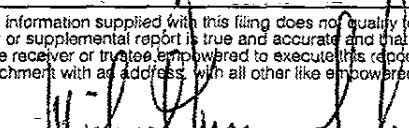
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000108065 04/09/04-80040-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MAROSCHAK, MICHAEL 2417 FOXWOOD COURT APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAROSCHAK, MICHAEL 2417 FOXWOOD COURT APOPKA, FL
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**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)(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:  3/25/04 417 298-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #