

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F68043 1. Entity Name STANDARD INJECTION MOLDING COMPANY, INC.	
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Principal Place of Business 2027 STATE ROAD 64 WEST AVON PARK, FL 33825 US	Mailing Address P.O. BOX 997 AVON PARK, FL 33825 US
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2789404	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIMMERMAN, DREMA J 2027 SR 64W AVON PARK, FL 33825
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000850203 03/21/08-80053-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, DREMA J. 2428 W. SEVILLE DR AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICKS, LARRY 2027 STATE RD 64W AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRULL, SUSAN R. 2383 N. CHARLINE RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/5/08 Date	863-452-9090 Daytime Phone #
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