2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2006 08:00 AM Secretary of State DOCUMENT # J40540 1. Entity Name SOUTHERN REINFORCED PLASTICS, INC. Principal Place of Business Mailing Address 2904 29 TH AVENUE EAST 6826 26TH STREET WEST 2904 29TH AVENUE EAST **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2739438 Not Applicate Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILES, ROBERT ALLEN, JR. 6828 26TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** Zip Code 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 tine if applicable (NOTE: Registered Agent eignature required when romstaling) DARE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tū. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE THREE ☐ Change ☐ Add" ☐ Delete NAME BILES, ROBERT ALLEN JR NAME STREET ADDRESS 6828 26TH ST. W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CCTY-SI-ZIP 3177 Defete THE NAME BILES, PAULA FRANCES NAME STRUET ADDRESS 6828 26TH ST. W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Adda... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CHY-ST-ZIP TITLE Defete ☐ Change □ Addition MAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TISSE Change ☐ Addiss NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip CITY-ST-ZIP DILE ☐ Delete MALE ☐ Change ☐ Addisi-NAME NAME STREET ADDRESS STREET ADDRESS 6114-57-20P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 legat effect as if made under oath, that I am an officer or direction of the corporation or the preceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attackment with an address, with all pulser like empowered.

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