


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 024 ***150.00

DOCUMENT # P06000099129

1. Entity Name
FLORIDA MOLDS ETC., INC.




Principal Place of Business Mailing Address
4780 FREMONT TERR S **4780 FREMONT TERR S**
ST PETERSBURG, FL 33711 **ST PETERSBURG, FL 33711**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4780 FREMONT TERR S **SAME**

City & State City & State
ST. PETERSBURG, FL **SAME**

Zip Country Zip Country
33711 **USA**

01052007 Chg-P CR2E034 (12/06)



4. FEI Number
20-5256300

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

6. Name and Address of Current Registered Agent
FRIEDMANN, PAUL
4780 FREMONT TERR S
ST PETERSBURG, FL 33711

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name **FRIEDEMANN PAUL**
 Street Address (P.O. Box Number is Not Acceptable)
4780 FREMONT TERR S
 City **ST. PETERSBURG** FL Zip Code **33711**

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: *Paul Friedmann* DATE: **1/5/07**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRIEDEMANN, PAUL 4780 FREMONT TERR S ST PETERSBURG, FL 33711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRIEDEMANN, BOB 4780 FREMONT TERR S ST PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORDAN, ROY L 2128 23RD AVE N ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORDAN, RANDAL R 2128 23RD AVE N ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	LITA FITZGERALD 1330 CHARLESTON SQUARE DR #202 NAPLES, FL 34110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Paul Friedmann* DATE: **1/5/07** DAYTIME PHONE #: **(727) 327-0951**

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