


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 19 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086230 1. Entity Name RUTLAND PLASTICS, INC.	
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Principal Place of Business 10021 RODNEY ST. PINEVILLE, NC 28134	Mailing Address 10021 RODNEY ST. PINEVILLE, NC 28134
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DO NOT WRITE IN THIS SPACE



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0707441	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	VADEN, MICHAEL
STREET ADDRESS	10021 RODNEY STREET
CITY-ST-ZIP	PINEVILLE, NC 28134
TITLE	D
NAME	PAUL LAUD
STREET ADDRESS	466 SOUTHERN BOULEVARD
CITY-ST-ZIP	CHATHAM, NEW JERSEY 07928
TITLE	D
NAME	COLBY COLLIER
STREET ADDRESS	466 SOUTHERN BOULEVARD
CITY-ST-ZIP	CHATHAM, NEW JERSEY 07928
TITLE	CFOS
NAME	SHACKELFORD, FRED
STREET ADDRESS	10021 RODNEY ST.
CITY-ST-ZIP	PINEVILLE, NC 28134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

800059796139
09/20/05 01078-005 **150.00

[Handwritten Signature]

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: *Fred Shackelford* **FRED SHACKELFORD** Date: **29 Jul 05** 704-553-0046

Daytime Phone # **X127**