


FILED
Mar 14, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000080520

1. Entity Name
 SOUTHWEST FLORIDA THERMOPLASTIC, INC.



Principal Place of Business 25615 65TH AVE E MYAKKA CITY, FL 34251	Mailing Address 25615 65TH AVE E MYAKKA CITY, FL 34251
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02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEISSNER, GREGORY C ESQ.
 1111 3RD AVENUE WEST
 SUITE 150
 BRADENTON, FL 34205

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISSINGER, PAUL F 25615 65TH AVE., E. MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KISSINGER, TINA 25615 65TH AVE., E MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAMPS, DAVID A 3005 233RD STREET EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAMPS, JUDITH M 3005 233RD STREET EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/23/07-80069-005-150.00

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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: Tina Kissinger 3/11/07 941 322 0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #