

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080520

FILED
Mar 10, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA THERMOPLASTIC, INC.

Current Principal Place of Business:

25615 65TH AVE E
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

25615 65TH AVE E
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 65-0948862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KISSINGER, PAUL F
Address: 25615 65TH AVE., E.
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD () Delete
Name: KISSINGER, TINA
Address: 25615 65TH AVE., E
City-St-Zip: MYAKKA CITY, FL 34251

Title: VD () Delete
Name: KAMPS, DAVID A
Address: 3005 233RD STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD () Delete
Name: KAMPS, JUDITH M
Address: 3005 233RD STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA KISSINGER

SD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date