

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H61847**

1. Entity Name

FORTUNE PLASTICS OF FLORIDA, INC.



Principal Place of Business

% BERNARD C. O'NEILL, JR.  
11580 RYLAND CT  
ORLANDO, FL 32824-7617 US

Mailing Address

11580 RYLAND COURT  
ORLANDO, FL 32824-7617 US



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-1636129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, BERNARD C JR  
2699 LEE RD., STE 320  
WINTER PARK, FL 32789

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILLESPIE, EDWARD F
STREET ADDRESS	WILLIAMS LN. PO BOX 637
CITY-ST-ZIP	OLD SAYBROOK, CT 06475
TITLE	T
NAME	MATHIEU, JOHN
STREET ADDRESS	WILLIAMS LANE P O BOX 637
CITY-ST-ZIP	OLD SAYBROOK, CT
TITLE	DS
NAME	HOGAN, PAUL
STREET ADDRESS	THE CURTIS CENTER, SUITE 965, INDEP SQ WEST
CITY-ST-ZIP	PHILADELPHIA, PA 19106
TITLE	DV
NAME	MCDERMOTT, NORBERT
STREET ADDRESS	THE CURTIS CENTER, SUITE 965, INDEP SQ WEST
CITY-ST-ZIP	PHILADELPHIA, PA 19106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80003-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

Edward F. Gillespie 01/17/2008 860-388-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #