

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M56391

**Entity Name:** CUSTOM PLASTICS, INC.

**Current Principal Place of Business:**

1471 CAPITAL CIRCLE NW  
BAY 2  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1471 CAPITAL CIRCLE NW  
#9  
TALLAHASSEE, FL 32303 US

**FEI Number:** 59-2829637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TURNER, DOUG JPRES  
1471 CAPITAL CIRCLE NW  
#9  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title            DTP  
Name            TURNER, DOUG  
Address        3753 LOMA FARM RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            VS  
Name            FEIT-TURNER, MARLENE E  
Address        3753 LOMA FARM RD  
City-State-Zip: TALLAHASSEE FL 32309

I hereby 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 all other like empowered.

**SIGNATURE:** MARLENE FEIT-TURNER

**VICE-PRESIDENT**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date