

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162103

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: THE PLASTRIDGE AGENCY INC.

**Current Principal Place of Business:**

820 N FEDERAL HWY  
P.O. BOX 730  
DELRAY BEACH, FL 334470730 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 N FEDERAL HWY  
P.O. BOX 730  
DELRAY BEACH, FL 334470730 US

**New Mailing Address:**

FEI Number: 59-0615319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LYNCH, THOMAS E.  
820 N FEDERAL HWY  
DELRAY BEACH, FL 33483 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: VPD ( ) Delete  
Name: BOTTCHEER, MICHAEL,  
Address: 820 N FED HWY  
City-St-Zip: DELRAY BCH, FL

Title: PSTD ( ) Delete  
Name: LYNCH, THOMAS E  
Address: 820 N. FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL

Title: AST ( ) Delete  
Name: POST, PAULA T  
Address: 820 N. FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: AST ( ) Delete  
Name: LYNCH, BRENDAN  
Address: 820 N FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: AS ( ) Delete  
Name: LYNCH, CONNOR  
Address: 820 N FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 334470730 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: LYNCH, THOMAS E  
Address: 820 N. FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL

Title: ST (X) Change ( ) Addition  
Name: POST, PAULA T  
Address: 820 N. FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

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 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 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: THOMAS E. LYNCH

P

03/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date