

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162103

FILED
Apr 25, 2005
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: P () Delete
Name: LYNCH, THOMAS E
Address: 820 N. FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL

Title: ST () 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: () 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 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: PAULA T. POST

Electronic Signature of Signing Officer or Director

SECR

04/25/2005

_____ Date