

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162103

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: THE PLASTRIDGE AGENCY INC.

**Current Principal Place of Business:**

820 N. E. 6TH AVENUE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 N. E. 6TH AVENUE  
DELRAY BEACH, FL 33483 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. E. 6TH AVENUE  
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. E. 6TH AVENUE  
City-St-Zip: DELRAY BCH, FL

Title: P ( ) Delete  
Name: LYNCH, THOMAS E  
Address: 820 N. E. 6TH AVENUE  
City-St-Zip: DELRAY BEACH, FL

Title: ST ( ) Delete  
Name: POST, PAULA T  
Address: 820 N. E. 6TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: AST ( ) Delete  
Name: LYNCH, BRENDAN  
Address: 820 N. E. 6TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: AS ( ) Delete  
Name: LYNCH, CONNOR  
Address: 820 N. E. 6TH AVENUE  
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 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: PAULA T. POST

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ST

01/18/2008

\_\_\_\_\_ Date