


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00-AM
Secretary of State**

DOCUMENT # 295472		
1. Entity Name SOUTHERN PLASTICS & RUBBER CO		
Principal Place of Business 565 PARQUE DRIVE ORMOND BEACH, FL 32174	Mailing Address 565 PARQUE DRIVE ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NOCE, FRANK 565 PARQUE DR ORMOND BCH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOCE, FRANK 565 PARQUE DR ORMOND BCH, FL 00000,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOCE, SANDRA 565 PARQUE DR ORMOND BCH, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Frank Noce</i></u> Frank Noce <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1292609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000382645
01/12/06-80020-010 150.00

**DO NOT WRITE
IN THIS SPACE**

Jan 9, 2006 1-386-1672-1167
Date Daytime Phone #