


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90261 011 ***150.00

| | |
|---|---|
| DOCUMENT # 503414 1. Entity Name INDUSTRIAL PLASTIC SYSTEMS, INC. |  |
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|---|---|
| Principal Place of Business 4225 DRANE FIELD RD. PO BOX 6280 LAKELAND, FL 33807 | Mailing Address 4225 DRANE FIELD RD. PO BOX 6280 LAKELAND, FL 33807 |
|---|---|

54036240



01092004 No Chg-P CR2E034 (10/03)

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| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1987813 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent BROWN, JOE W 2707 LAUREL OAK DRIVE PLANT CITY, FL 33567 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BURHANS, BARRON 4 LATERRAZA, CASA LOMA LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD BROWN, JOE W. 2707 LAUREL OAK DR. PLANT CITY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:



Joe W. Brown, STD

863-646-8551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #