

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 503414

1. Entity Name
INDUSTRIAL PLASTIC SYSTEMS, INC.



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



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1987813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURHANS, BARRON
STREET ADDRESS 4 LATERRAZA, CASA LOMA
CITY-ST-ZIP LAKELAND, FL

TITLE STD
NAME BROWN, JOE W.
STREET ADDRESS 2707 LAUREL OAK DR.
CITY-ST-ZIP PLANT CITY, FL

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IN THIS SPACE**

UD01000348516
05/02/05-80020-010 150.00

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: Barron Burhans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barron Burhans, Pres.

Date

27 APR 05

863-646-8551

Daytime Phone #