

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 044 ***150.00

DOCUMENT # 552179

1. Entity Name

PIONEER FOAM PLASTICS, INC.



Principal Place of Business

9950 NO PALAFOX
PENSACOLA FL 32534

Mailing Address

9950 NO PALAFOX
PENSACOLA FL 32534



2. Principal Place of Business - No P.O. Box #

9954 North Palafox St.

3. Mailing Address

9954 North Palafox St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

PENSACOLA FL.

City & State

PENSACOLA FL.

4. FEI Number

59-1752417

Applied For

Not Applicable

Zip

32534

Country

Escambia

Zip

32534

Country

Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTTERS WILLIAM
9950 NO PALAFOX
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Putters William

Street Address (P.O. Box Number is Not Acceptable)

9954 North Palafox St.

City

PENSACOLA

FL

Zip Code

32534

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, the registered agent.

SIGNATURE

William C. Putters

William C. PUTTERS

3/28/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PUTTERS, WILLIAM	
STREET ADDRESS	9950 NO PALAFOX	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	☐ Delete
NAME	PUTTERS, SALLY L	
STREET ADDRESS	9950 NO PALAFOX	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	☐ Delete
NAME	PUTTERS, PATRICIA E.	
STREET ADDRESS	9950 NO. PALAFOX	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Putters, William	
STREET ADDRESS	9954 North Palafox St.	
CITY-ST-ZIP	Pensacola Fl. 32534	
TITLE	STD	☒ Change ☐ Addition
NAME	Putters, Sally L.	
STREET ADDRESS	9954 North Palafox St.	
CITY-ST-ZIP	Pensacola FL. 32534	
TITLE	VP	☒ Change ☐ Addition
NAME	Putters, Patricia E.	
STREET ADDRESS	9954 North Palafox St.	
CITY-ST-ZIP	Pensacola FL. 32534	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Section 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: *Sally L. Putters* Sally L. Putters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 850-476-9572

Date

Daytime Phone #