


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 555277**  
 1. Entity Name  
**A & M ENGINEERING PLASTICS, INC.**



Principal Place of Business      Mailing Address  
 10521-75TH STREET, N.      10521-75TH STREET, N.  
 LARGO, FL 34647      LARGO, FL 34647

**DO NOT WRITE IN THIS SPACE**



06302004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1775901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CATON, ALLEN M.  
 10521 75TH ST. N.  
 LARGO, FL 34647-8419

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when retaking)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATON, ALLEN M. 10521 75TH STREET, NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, LARRY 10521 75TH ST. N LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLEVINS, SHARON 10521 75TH ST. N LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOFF, DONALD L 10521 75TH ST. N LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000163103  
 07/02/04-80004-013 150.00

**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:**       **6-30-04**      **727-541-4482**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #