## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 555277** 

Title:

Name: Address:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

Entity Name: A & M ENGINEERING PLASTICS, INC.		
Current Principal Place of Business:	New Principal Place	of Business:
10521-75TH STREET, N. LARGO, FL 337771419 US		
Current Mailing Address:	New Mailing Address	s:
10521-75TH STREET, N. LARGO, FL 337771419 US		
FEI Number: 59-1775901 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
CATON, ALLEN M. 10521 75TH ST. N. LARGO, FL 337771419 US	CATON, ALLEN M. 9419 LAURA CT SEMINOLE, FL 33777	7 US
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registere	d office or registered agent, or both,
SIGNATURE:		03/02/2009
Electronic Signature of Registered Agent	t	Date
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title:         PD () Delete           Name:         CATON, ALLEN M.,           Address:         10521 75TH STREET, NORTH           City-St-Zip:         LARGON, FL 337771419 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:         VD         ( ) Delete           Name:         ROBINSON, LARRY A           Address:         10521 75TH ST. N           City-St-Zip:         LARGO, FL 337771419 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: S ( ) Delete Name: BLEVINS, SHARON	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALLEN M CATON D 03/02/2009

() Delete

SHARON, BLEVINS

10521 75TH ST. N

LARGO, FL 337771419 US

() Change () Addition