

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 616901**  
1. Entity Name  
TROPICAL INDUSTRIAL PLASTICS, INC.



Principal Place of Business  
13666 AUTOMOBILE BLVD.  
CLEARWATER, FL 33762

Mailing Address  
13666 AUTOMOBILE BLVD.  
CLEARWATER, FL 33762

**DO NOT WRITE IN THIS SPACE**



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1894569

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
EDENS, GARY A  
123 YACHT CLUB CIRCLE  
N REDINGTON BEACH, FL 33708

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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 reinstating)

**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	P
NAME	EDENS, GARY A
STREET ADDRESS	123 YACHT CLUB CIRCLE
CITY-ST-ZIP	N REDINGTON BEACH, FL 33708
TITLE	ST
NAME	EDENS, CHRISTINE A
STREET ADDRESS	123 YACHT CLUB CIRCLE
CITY-ST-ZIP	N REDINGTON BEACH, FL 33708
TITLE	V
NAME	HAZEWSKI, JOSEPH E
STREET ADDRESS	10312 TACOMA DR
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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02/24/05-80018-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 2-21-05 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR