


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000844 1. Entity Name SPARTECH INDUSTRIES FLORIDA, INC.	
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Principal Place of Business 2900 MURRELL ROAD ROCKLEDGE, FL 32955 US	Mailing Address 120 S CENTRAL AVENUE SUITE 1700 CLAYTON, MO 63105 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1876413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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.

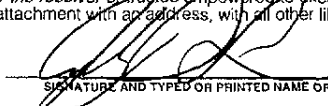
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000051435 02/16/04-80051-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUECHLER, BRADLEY B 120 SOUTH CENTRAL AVENUE, SUITE 1700 CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD MARTIN, RANDY C 120 SOUTH CENTRAL AVENUE, SUITE 1700 CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FISHER, JEFFREY D 120 SOUTH CENTRAL AVENUE, SUITE 1700 CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Jeffrey D. Fisher** (314) 721-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____