

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001906

1. Entity Name
MINERVA PLASTICS, INC.



Principal Place of Business

**7482 PRESIDENTS DR.
ORLANDO, FL 32809**

Mailing Address

**7482 PRESIDENTS DR.
ORLANDO, FL 32809**

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2590456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/22/04-80037-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PIPER, PAUL P JR
7482 PRESIDENTS DRIVE
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CRATES, ROBERT B
201 MAIN ST STE 2001
FORT WORTH, TX 76102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RICKARD, ROB
7482 PRESIDENTS DR
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SAMMONS, BOBBY F
7482 PRESIDENTS DR
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOOD, GARY
7482 PRESIDENTS DR
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
BELL, SUE
7482 PRESIDENTS DRIVE
ORLANDO, FL 32809**

**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)(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:

Sue Bell
Sue Bell, Asst Sec

2/6/04
Date

407-857-3888
Daytime Phone #