2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001068

1. Entity Name
PINCKNEY MOLDED PLASTICS, INC.

Principal Place of Business	Mailing Address
3970 PARSONS RD. HOWELL, MI 48855	3970 PARSONS RD. HOWELL, MI 48855

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1621191

☐ 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

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	BLATT, LELAND
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855
TITLE	DC
NAME	BLATT, JOHN A
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855
TITLE	DP
NAME	VERNA, DONALD
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855
TITLE	D
NAME	BIBER, MICHAEL J
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855
TITLE	S
NAME	HUMPHREY, WAYNE C
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855
TITLE	T
NAME	LUBIENSKI, MARK
STREET ADDRESS	3970 PARSONS RD
CITY-ST-ZIP	HOWELL, MI 48855

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04/11/06-80023-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wayne C Humphrey WAYNE C HUMPHREY 3/23/06 (517)546-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #