


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # F97000001068 1. Entity Name- PINCKNEY MOLDED PLASTICS, INC.	
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Principal Place of Business 3970 PARSONS RD. HOWELL, MI 48855	Mailing Address 3970 PARSONS RD. HOWELL, MI 48855
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1621191	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

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000689345 04/11/07-80031-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC BLATT, LELAND 3970 PARSONS RD HOWELL, MI 48855
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC BLATT, JOHN A 3970 PARSONS RD HOWELL, MI 48855
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP VERNA, DONALD 3970 PARSONS RD HOWELL, MI 48855
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BIBER, MICHAEL J 3970 PARSONS RD HOWELL, MI 48855
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HUMPHREY, WAYNE C 3970 PARSONS RD HOWELL, MI 48855
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LUBIENSKI, MARK 3970 PARSONS RD HOWELL, MI 48855

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IN THIS SPACE**

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** 3-29-07 (517) 546-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #