


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002414 1. Entity Name FREEDOM PLASTICS, INC. - FLORIDA	
--	---

Principal Place of Business 3206 ENTERPRISE RD FT. PIERCE, FL 34982 US	Mailing Address 3206 ENTERPRISE RD FT. PIERCE, FL 34982 US
--	--



05252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1889081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BORDEN, J. MICHAEL 2101 KENNEDY RD. JANESVILLE, WI 53547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, FRANK 2101 KENNEDY RD. JANESVILLE, WI 53547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCACCIA, STEPHEN D 215 SOUTH ARCH JANESVILLE, WI 535471480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALASINI, MARC 215 SOUTH ARCH JANESVILLE, WI 535471480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000369107
06/06/05-80005-004 150.00

**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)(i), 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: Steph L. Scaccia 5/26/05 608 754-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #