


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G04764**  
 1. Entity Name  
**AMERICAN INDUSTRIAL PLASTICS, INC.**



Principal Place of Business  
**724 FENTRESS BLVD.  
 DAYTONA BCH, FL 32114**

Mailing Address  
**724 FENTRESS BLVD.  
 DAYTONA BCH, FL 32114**

**DO NOT WRITE IN THIS SPACE**



06082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2243543**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WELLS, SYLVAN  
 618 NORTH WILD OLIVE AVENUE  
 DAYTONA BEACH, FL 32018**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SMITH, J GREGORY
STREET ADDRESS	11 MAGNOLIA LN
CITY-ST-ZIP	ORMOND BCH., FL
TITLE	VD
NAME	CARROZZA, ROBERT
STREET ADDRESS	3966 ACONA DR
CITY-ST-ZIP	ORMOND BCH., FL
TITLE	DP
NAME	WILLIS, GEORGE D
STREET ADDRESS	23 TOMOKA COVE WY
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	ST
NAME	WILLIS, KONNIE B.
STREET ADDRESS	23 TOMOKA COVE WY
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369337  
 06/10/05-80002-007 550.00

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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: Konnie Willis Konnie Willis 6/8/05 386-473-1048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #