

**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



06082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2243543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

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

**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 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 NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, J GREGORY 11 MAGNOLIA LN ORMOND BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROZZA, ROBERT 3966 ACONA DR ORMOND BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIS, GEORGE D 23 TOMOKA COVE WY ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIS, KONNIE B. 23 TOMOKA COVE WY 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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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: *Konnice Willis* *Konnice Willis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/05 *386-473-1048*
Date Daytime Phone #