

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04764

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: AMERICAN INDUSTRIAL PLASTICS, INC.

## Current Principal Place of Business:

724 FENTRESS BLVD.  
DAYTONA BCH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

724 FENTRESS BLVD.  
DAYTONA BCH, FL 32114

## New Mailing Address:

FEI Number: 59-2243543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIS, GEORGE  
724 FENTRESS BLVD.  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: SMITH, J GREGORY,  
Address: 24 INDIAN SPRINGS DRIVE  
City-St-Zip: ORMOND BCH., FL 32174

Title: VD ( ) Delete  
Name: CARROZZA, ROBERT,  
Address: 3966 ACONA DR  
City-St-Zip: ORMOND BCH., FL

Title: DP ( ) Delete  
Name: WILLIS, GEORGE D,  
Address: 23 TOMOKA COVE WY  
City-St-Zip: ORMOND BEACH, FL

Title: ST ( ) Delete  
Name: WILLIS, KONNIE B.,  
Address: 23 TOMOKA COVE WY  
City-St-Zip: ORMOND BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: CARROZZA, ROBERT,  
Address: 3966 ACOMA DRIVE  
City-St-Zip: ORMOND BCH., FL 32174

Title: DP (X) Change ( ) Addition  
Name: WILLIS, GEORGE D,  
Address: 23 TOMOKA COVE WY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST (X) Change ( ) Addition  
Name: WILLIS, KONNIE B.,  
Address: 23 TOMOKA COVE WY  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KONNIE WILLIS

ST

03/21/2009

Electronic Signature of Signing Officer or Director

Date