

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90094 014 \*\*\*150.00

**DOCUMENT # G95268**

1. Entity Name  
PLASTI-STOR CORPORATION



Principal Place of Business  
3601 ARNOLD AVE.  
NAPLES, FL 34104

Mailing Address  
3601 ARNOLD AVE.  
NAPLES, FL 34104



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2376555

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GNERRE, ANTHONY C.  
3601 ARNOLD AVE.  
NAPLES, FL 34104

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>
NAME	GNERRE, ANTHONY C.
STREET ADDRESS	3584 PROGRESS AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	<b>President</b>
NAME	Steven J. Gnerre
STREET ADDRESS	3601 Arnold Ave
CITY-ST-ZIP	Naples, FL 34104
TITLE	<b>Secretary</b>
NAME	Carrie F. Gnerre
STREET ADDRESS	3601 Arnold Ave.
CITY-ST-ZIP	Naples, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 239.643.0937

Date

Daytime Phone #