


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H61847
 1. Entity Name
 FORTUNE PLASTICS OF FLORIDA, INC.



Principal Place of Business
 % BERNARD C. O'NEILL, JR.
 11580 RYLAND CT
 ORLANDO, FL 32824-7617 US

Mailing Address
 11580 RYLAND COURT
 ORLANDO, FL 32824-7617 US

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-1636129 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 O'NEILL, BERNARD C JR
 2699 LEE RD., STE 320
 WINTER PARK, FL 32789

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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 reappointing)
 Signature, typed or printed name of registered agent and title if applicable 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	PD
NAME	DUHIG, JOHN P
STREET ADDRESS	WILLIAMS LN. PO BOX 637
CITY - ST - ZIP	OLD SAYBROOK, CT
TITLE	T
NAME	MATHIEU, JOHN
STREET ADDRESS	WILLIAMS LANE P O BOX 637
CITY - ST - ZIP	OLD SAYBROOK, CT
TITLE	DS
NAME	HOGAN, PAUL
STREET ADDRESS	325 CHESTNUT ST
CITY - ST - ZIP	PHILADELPHIA, PA
TITLE	DV
NAME	MCDERMOTT, NORBERT
STREET ADDRESS	325 CHESTNUT STREET
CITY - ST - ZIP	PHILADELPHIA, PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____ **1/23/04** **860 388 3426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Daytime Phone #