

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 015 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUHIG, JOHN P WILLIAMS LN. PO BOX 637 OLD SAYBROOK, CT	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edward F. Gillespie Williams Lane P O Box 637 Old Saybrook, CT 06475	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHIEU, JOHN WILLIAMS LANE P O BOX 637 OLD SAYBROOK, CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOGAN, PAUL 325 CHESTNUT ST PHILADELPHIA, PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDERMOTT, NORBERT 325 CHESTNUT STREET PHILADELPHIA, PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, is empowered.					
SIGNATURE: <i>Edward F. Gillespie</i> - Edward F. Gillespie			860-388-3426		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/28/2005 Date Daytime Phone #		

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