

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	P GILLESPIE, EDWARD F WILLIAMS LN. PO BOX 637 OLD SAYBROOK, CT 06475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHIEU, JOHN WILLIAMS LANE P O BOX 637 OLD SAYBROOK, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOGAN, PAUL THE CURTIS CENTER, SUITE 965, INDEP SQ WEST PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDERMOTT, NORBERT THE CURTIS CENTER, SUITE 965, INDEP SQ WEST PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/31/08-80003-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 file 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:

Edward F. Gillespie

Edward F. Gillespie 01/17/2008 860-388-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #