## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J21135

Entity Name: AZTEC PLASTICS, INC.

US HWY 41 NORTH

LAKE CITY, FL

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
POST OF	MARSHBURI FICE BOX 155 Y, FL 3205615	5 HIGHWAY 41 NORTH	% FRANK MARSHBURN HIGHWAY 41 NORTH LAKE CITY, FL 320561555		
Current N	lailing Addre	ss:	New Mailing Address:		
		5 HIGHWAY 41 NORTH 55 US			
FEI Number	: 59-2805916	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
U.S. HWY HIGHWAY	MARSHBURI 41 NORTH 41 NORTH M Y, FL 3205615	IETAL MASTERS OF FLORIDA	4		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STD ( MARSHBURN, U.S. HWY 41 N LAKE CITY, FL	IORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( ROBERTS, GA U.S. HWY 41 N LAKE CITY, FL	IORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD ( BAXTER, ROB	) Delete ERT E.	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GAYLON B. ROBERTS PRES 03/30/2009