## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # J38256 03-22-2004 90079 027 \*\*\*150.00 FABRICATED PLASTICS, INC. Principal Place of Business Mailing Address 24026872 4391 INDEPENDENCE CT 4391 INDEPENDENCE CT SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 03172004 CR2E034 (10/03) 4. FEI Number Applied For 59-2725504 Not Applicable Country V5 A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CDSSEIN, KOBEA GOLDSTEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1677 CUNLIFF LANE SARASOTA, FL 34239 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 familia the obligations of registered agen-SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO ITRECTOR PRESIDENT Change Add OLDSTEIN, ROBERT S 98884VD OF THE ARTS - APT, 7/7 SARASOTA, FL 34236 TITLE ☐ Delete TITLE NAME 🕏 GOLDSTEIN, ROBERT S. NAME STREET ADDRESS 1677 CUNLIFF LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Addition NAME PAPPERT, ALVIN R. NAME STREET ADDRESS 1750 BEN FRANKLIN DR. STREET ADDRESS SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP DILEGOL GOLDSTAIN, GLIZAPATH H 988 BLVD OF THE ALTS-11 SALASOFA, FL 34236 TITLE ☐ Delete Addition TITLE GOLDSTEIN, ELIZABETH H NAME NAME 1677 CUNLIFF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED