2008 FOR PROFIT CORPORATION

3. Cap.

FILED Feb 27, 2008 08:00 AN State

ANNUAL REPORT				Secretary of			
1. Entity Nam	MENT # J61087 PLASTICS CORPORATION						
4928 MUSSE	te of Business ELSHELL DR RICHEY, FL 34655 US	Mailing Address 4928 MUSSELSHELL DR NEW PORT RICHEY, FL 34655	US	1 14 1111 1111	a Pilal sibri Palsa isnii laas a		
DO NOT WRITE IN THIS SPA			CE ·	02152008	No Chg-P	CR2E034 (11/05)	
_			_	4. FEI Numbe 59-276		Not Applicable	
		•		5. Certilicate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re						
GADOURY, GILBERT R. 4928 MUSSELSHELL DR NEW PORT RICHEY, FL 34655			DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and		ed office or register	_	h, in the State of Florid	da I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution. Adde				
10.	OFFICERS AND DI	RECTORS	I	l			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GADOURY, GILBERT J. 4928 MUSSELSHELL DR NEW PORT RICHEY, FL 34655				U000 03/07/0	00840943 18-80014-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPA	'	
TITLE			-				

12. Thereby 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 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: V STUATO, SIGNATURE AND TYPED OF PRINTED NAME OF SERVING OFFICER OR DIRECTOR

V 02-25-08

Daytime Phone #