

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90554 001 ***450.00

DOCUMENT # J91453

1. Entity Name
CUSTOM PLASTIC CARD COMPANY



Principal Place of Business
1801 GREEN ROAD
POMPAÑO BEACH, FL 33064 US

Mailing Address
P O BOX 4489
DEERFIELD BEACH, FL 33442

66010040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0011685

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGEL, LARRY
800 W. CYPRESS CREEK RD
SUITE 470
FORT LAUDERDALE, FL 33309

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, 2006 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 PDTS ☐ Delete
STREET ADDRESS GARDNER, ANTHONY B.
CITY - ST - ZIP 2714 NE 27 AVE
LIGHTHOUSE PT, FL

TITLE ☒ Change ☐ Addition
NAME GARDNER, ANTHONY B.
STREET ADDRESS 1801 GREEN ROAD
CITY - ST - ZIP POMPAÑO BEACH, FL 33064

TITLE
NAME D ☐ Delete
STREET ADDRESS GARDNER, REBECCA D
CITY - ST - ZIP 2714 NE 27 AVE.
LIGHTHOUSE PT, FL 33064

TITLE ☒ Change ☐ Addition
NAME GARDNER, REBECCA D
STREET ADDRESS 1801 GREEN ROAD
CITY - ST - ZIP POMPAÑO BEACH, FL 33064

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 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.

SIGNATURE:

Anthony B Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.31.06

Date

Daytime Phone #