


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K72194
 1. Entity Name
P & M PLASTICS, INC.



Principal Place of Business Mailing Address
280 NW COMMERCIAL CIR PO BOX 2026
KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1st MOORE CR2E034 (10/07)

City & State City & State
 4. FEI Number **59-2988477** 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
MORRIS, THOMAS H
280 NW COMMERCIAL CIR
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent
 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 (Print Name) (NOTE: Registered Agent with full signature when applicable) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, THOMAS H	
STREET ADDRESS	7610 GRAND MESA CIR.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POWELL, BARBARA J	
STREET ADDRESS	10428 BIGTREE CIRCLE W.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, GLENDA C	
STREET ADDRESS	7610 GRAND MESA CIR.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 an other like empowered.

SIGNATURE:  **Thomas H. Morris** 1/22/08 352-473-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing #