


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06352</b> 1. Entity Name PLASTIC CONCEPTS & DESIGN, INC.	
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Principal Place of Business 1850 LAKEWOOD RD JACKSONVILLE, FL 32207 US	Mailing Address 1850 LAKEWOOD RD JACKSONVILLE, FL 32207 US
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2961967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ACKERMAN, CARL 1850 LAKE WOOD ROAD JACKSONVILLE, FL 32207
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000606103  
01/30/07-80065-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACKERMAN, CARL A. 300 BRANDING IRON DR JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACKERMAN, KIMBERLY 300 BRANDING IRON DR JACKSONVILLE, FL 32234
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**DO NOT WRITE  
IN THIS SPACE**

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:** Carl A. Ackerman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (904) 396-7500  
Date Daytime Phone #