


**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

60023245



DOCUMENT # M56391						Secretary of State 04-15-2008 90024 006 ***150.00					
1. Entity Name <b>CUSTOM PLASTICS, INC.</b>											
Principal Place of Business <b>1471 CAPITAL CIRCLE NW #27 TALLAHASSEE, FL 32303</b>						Mailing Address <b>1471 CAPITAL CIRCLE NW #27 TALLAHASSEE, FL 32303</b>					
2. Principal Place of Business - No P.O. Box # <b>Suite, Apt. #, etc. # 9</b>						3. Mailing Address <b>Suite, Apt. #, etc. # 9</b>					
City & State						City & State					
Zip Country						Zip Country					
4. FEI Number <b>59-2829637</b>						Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>TURNER, DOUG 1471 CAPITAL CIRCLE NW #27 TALLAHASSEE, FL 32303</b>						7. Name and Address of New Registered Agent <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b># 9</b> <b>City</b> <b>FL</b> <b>Zip Code</b>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP TURNER, DOUG 3753 LAMA FARM RD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	3753 Loma Farm Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FEIT-TURNER, MARLENE E 3753 LAMA FARM RD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	3753 Loma Farm Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Marlene Feit-Turner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date: <i>4/14/08</i> Daytime Phone #: <i>850-385-7700</i>					