


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M78425
 1. Entity Name
REINFORCED PLASTIC INDUSTRIES, INC.




Principal Place of Business Mailing Address
400 MAGUIRE RD **400 MAGUIRE RD**
OCOOE FL 34761-3034 **OCOOE FL 34761-3034**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-2897467 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAGEE, JAMES M.
SUITE 102
90 E. LIVINGSTON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **7**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP	<input type="checkbox"/> Delete
NAME	CROFOOT, KROY E.	
STREET ADDRESS	3100 JOHN YOUNG PKWY.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, ERIC E.	
STREET ADDRESS	6307 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAGNUSON, JAMES	
STREET ADDRESS	9884 LAUREL VALLEY DR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIELS, MARK	
STREET ADDRESS	6509 STONINGTON DR. SO.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROFOOT, FRANCIS	
STREET ADDRESS	3100 JOHN YOUNG PKWY.	
CITY-ST-ZIP	ORLANDO FL	
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		

U00000529220 Change Addition
 05/05/06-80068-009 150.00

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 all other like empowered.

SIGNATURE:  **Eric E Thompson** Date: **4-18-06** Daytime Phone # **407 877-6641**