


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State


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



Principal Place of Business
400 MAGUIRE RD
OCOEE, FL 34761-3034 US

Mailing Address
400 MAGUIRE RD
OCOEE, FL 34761-3034 US

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 59-2897467 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000867038
 04/08/08-80053-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CROFOOT, KROY E. 3100 JOHN YOUNG PKWY. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V THOMPSON, ERIC E. 6307 NIGHTWIND CIRCLE ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MAGNUSON, JAMES 9884 LAUREL VALLEY DR WINDERMERE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T DANIELS, MARK 6509 STONINGTON DR. SO. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CROFOOT, FRANCIS 3100 JOHN YOUNG PKWY. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 authority like empowered.

SIGNATURE:  **Eric Thompson** **3-18-08** **877-6646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #