

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78425

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: REINFORCED PLASTIC INDUSTRIES, INC.

## Current Principal Place of Business:

400 MAGUIRE RD  
OCOEE, FL 347613034 US

## New Principal Place of Business:

6307 NIGHTWIND CIRCLE  
ORLANDO, FL 32818 US

## Current Mailing Address:

400 MAGUIRE RD  
OCOEE, FL 347613034 US

## New Mailing Address:

6307 NIGHTWIND CIRCLE  
ORLANDO, FL 32818 US

FEI Number: 59-2897467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

THOMPSON, ERIC  
6307 NIGHTWIND CIRCLE  
ORLANDO, FL 32818 US

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.

SIGNATURE: ERIC THOMPSON

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CROFOOT, KROY E.,  
Address: 3100 JOHN YOUNG PKWY.  
City-St-Zip: ORLANDO, FL

Title: V (X) Delete  
Name: THOMPSON, ERIC E.,  
Address: 6307 NIGHTWIND CIRCLE  
City-St-Zip: ORLANDO, FL

Title: V (X) Delete  
Name: MAGNUSON, JAMES,  
Address: 9884 LAUREL VALLEY DR  
City-St-Zip: WINDERMERE, FL

Title: T (X) Delete  
Name: DANIELS, MARK,  
Address: 6509 STONINGTON DR. SO.  
City-St-Zip: TAMPA, FL

Title: S (X) Delete  
Name: CROFOOT, FRANCIS,  
Address: 3100 JOHN YOUNG PKWY.  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: THOMPSON, ERIC  
Address: 6307 NIGHTWIND CIRCLE  
City-St-Zip: ORLANDO, FL 32818

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC THOMPSON

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date