


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000852	
1. Entity Name GLOBAL PLAST, INC.	

Principal Place of Business 801 W. DR. MARTIN KING JR. BLVD. TAMPA, FL 33603	Mailing Address 801 W. DR. MARTIN KING JR. BLVD. TAMPA, FL 33603
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02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3661644	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HABAL, MUTAZ B 801 W. DR. MARTIN KING JR. BLVD. TAMPA, FL 33603

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U000000665401
03/23/07-80027-006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HABAL, MUTAZ B 801 WEST M L KING BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, JENNIFER 801 WEST M L KING BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, AXIUTIUR 801 WEST M L KING BLVD TAMPA, FL 33603
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2007 **(813) 238-0409**
Date Daytime Phone #