


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90016 014 \*\*\*\*61.25

<b>DOCUMENT # N04000001539</b> 1. Entity Name <b>FLORIDA CAST POLYMER ASSOCIATION, INC.</b>					
Principal Place of Business <b>19424 WEYMOUTH DRIVE LAND O LAKES, FL 34638</b>			Mailing Address <b>19424 WEYMOUTH DRIVE LAND O LAKES, FL 34638</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0725542</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NORMAN, CHRISTOPHER H ESQ. HINES NORMAN HINES, P.L. 315 S HYDE PARK AVE TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, JOHNATHAN <input type="checkbox"/> Delete 380 C GUS HIPP BLVD. ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSETT, SEAN <input checked="" type="checkbox"/> Delete 5741 ZIP DRIVE FORT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, MICHAEL <input checked="" type="checkbox"/> Delete 5050-105 FAIRWAY CIRCLE VERO BCH, FL 32967		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM HANNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1176 CLINGING VINE PLACE WINTER SPRINGS FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, JAMES D <input type="checkbox"/> Delete 19424 WEYMOUTH DR LAND O LAKES, FL 34639		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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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.					
<b>SIGNATURE:</b> <u>James David Dorsey</u> <b>JAMES DAVID DORSEY</b> <u>2/17/08</u> <u>(813) 948-9288</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40028963



02172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-0725542

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMAN, CHRISTOPHER H ESQ.  
HINES NORMAN HINES, P.L.  
315 S HYDE PARK AVE  
TAMPA, FL 33606

Name  
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 \_\_\_\_\_  
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, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP  
D RODRIGUES, JOHNATHAN ☐ Delete  
380 C GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D HASSETT, SEAN ☒ Delete  
5741 ZIP DRIVE  
FORT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D O'MALLEY, MICHAEL ☒ Delete  
5050-105 FAIRWAY CIRCLE  
VERO BCH, FL 32967

TITLE  
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CITY-ST-ZIP  
D TOM HANNA ☐ Change ☒ Addition  
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WINTER SPRINGS FL 32708

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SIGNATURE: James David Dorsey **JAMES DAVID DORSEY** 2/17/08 (813) 948-9288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #