

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 040 ****61.25

DOCUMENT # N07000006214

1. Entity Name
BIOPLASTIC SUPPLY INC.



40009062

Principal Place of Business
**132 QUAIL RUN
CRAWFORDVILLE, FL 32327**

Mailing Address
**132 QUAIL RUN
CRAWFORDVILLE, FL 32327**



2. Principal Place of Business - No P.O. Box #
12550 E. MAHAN DR.

3. Mailing Address
1237 PRESIDIO DR.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State
TAIHAHASSEE, FL

City & State
WESTON, FL

Zip
32309

Country
US

Zip
32327

Country
US

4. FEI Number
26-0456104

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PERUZZI, LAURA
132 QUAIL RUN
CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name
LAURA PERUZZI

Street Address (P.O. Box Number is Not Acceptable)
12550 E. MAHAN DR.

City
TAIHAHASSEE

FL

Zip Code
32309

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 *Laura Peruzzi* **LAURA PERUZZI** 1/18/2008
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/D LAURA PERUZZI 12550 E. MAHAN DR. TAIHAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/P PHIL PERUZZI 1237 PRESIDIO DR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/T/D KAREN PERUZZI 1237 PRESIDIO DR. WESTON, FL 33327
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
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
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

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: *Laura Peruzzi* **LAURA PERUZZI** 1/18/2008 850.559.7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #