

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001851

FILED
Sep 08, 2004
Secretary of State

Entity Name: ENGINEERED PLASTIC RESINS, INC.

Current Principal Place of Business:

4575 VIA ROYALE, SUITE 102
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

4575 VIA ROYALE, SUITE 102
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0972741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKE, TIMOTHY E
4575 VIA ROYALE
STE 102
FT. MYERS, FL 33919

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUKE, TIMOTHY
Address: 4575 VIA ROYALE STE 102
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: DUKE, DANETTE
Address: 4575 VIA ROYALE STE 102
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY DUKE

P

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date