


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90232 015 ***150.00

DOCUMENT # P01000051892
 1. Entity Name
 SGF PLASTICS, INC.



Principal Place of Business
 567 17TH STREET WEST UNIT C
 PALMETTO, FL 34221

Mailing Address
 567 17TH STREET WEST UNIT C
 PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1112309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOERIN, CHARLES L
 567 17TH STREET WEST UNIT C
 PALMETTO, FL 34221

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOERIN, CHARLES L 810 128TH STREET NE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIETO, RODOLFO D 567 17TH STREET WEST UNIT C PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles L Joerin **Charles L Joerin** 4-18-05 941-724-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #