

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 10, 2008 08:00 A
Secretary of State**

DOCUMENT # P01000095517

1. Entity Name
GUSTAFSSON PLASTICS, INC.



Principal Place of Business

**1704 LAKESIDE AVE
UNITS 1
SAINT AUGUSTINE, FL 32086**

Mailing Address

**1704 LAKESIDE AVE
UNITS 1
SAINT AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3847445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUSTAFSSON, LEIF E
1704 LAKESIDE AVE
UNITS 1
SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PSTD
GUSTAFSSON, LEIF E
39 SEA PARK DRIVE
ST AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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U00000988275
04/22/08-80005-025 150.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leif Gustafsson 040700 104821-052

Date

Daytime Phone #