

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 043 ***150.00

DOCUMENT # P02000075968

1. Entity Name
PLASTIC EARTH, INC.



Principal Place of Business
254 RONALD REAGAN BLVD SUITE 223
LONGWOOD, FL 32750

Mailing Address
254 RONALD REAGAN BLVD SUITE 223
LONGWOOD, FL 32750

40051404



2. Principal Place of Business
30909 Top of the Hill Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1627
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Mount Dora, Florida
Zip 32757 Country US

City & State
Sorrento, Florida
Zip 32776-1627 Country US

4. FEI Number
54-2065266
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DORDICH, SAMUEL
610 KINGSMILL COVE
#208
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name
Gordich, Samuel

Street Address (P.O. Box Number is Not Acceptable)

30909 Top of the Hill Drive
City Mount Dora FL Zip Code 32757

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, 2006 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 D
STREET ADDRESS GORDICH, SAMUEL D
CITY - ST - ZIP 610 KINGSMILL COVE #208 LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PAST
STREET ADDRESS Gordich, Samuel
CITY - ST - ZIP 30909 Top of the Hill Drive Mount Dora, FL 32757 ☒ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

407-331-3172

Date

Daytime Phone #