2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006
Secretary of State

DOCUMENT# P02000086950

Entity Name: MID-FLORIDA PLASTICS, INC.

Current Principal Place of Business:

780 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

780 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 59-3006553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLEMBESKI, GARY T
3471 AMACA CIR.
ORLANDO, FL 32837 US

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: PD ( ) Delete
Name: GOLEMBESKI, JAMES Z
Address: 1273 CENTRAL FLORIDA PKWY., UNIT 11
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete
Name: GOLEMBESKI, GARY
Address: 1273 CENTRAL FLORIDA PKWY., UNIT 11
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: CAMPBELL, JOHN A
Address: 1273 CENTRAL FLORIDA PKWY., UNIT 11
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: FENELL, RAYMOND P
Address: 1273 CENTRAL FLORIDA PKWY., UNIT 11
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOLEMBESKI, JAMES Z
Address: 1931 BROADLEAF DR.
City-St-Zip: ORLANDO, FL 34786

Title: VD (X) Change ( ) Addition
Name: GOLEMBESKI, GARY
Address: 3471 AMACA CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: SD (X) Change ( ) Addition
Name: CAMPBELL, JOHN A
Address: 527 PARK N. CT
City-St-Zip: ORLANDO, FL 32789

Title: TD (X) Change ( ) Addition
Name: FENELL, RAYMOND P
Address: 14306 CARINWOOD CT
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY GOLEMBESKI VD 08/24/2006

Electronic Signature of Signing Officer or Director Date