

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 044 \*\*\*150.00

<b>DOCUMENT # P03000023614</b> 1. Entity Name <b>PLASTIC ENGINEERING SOLUTIONS, INCORPORATED</b>			
Principal Place of Business <b>5124 DORMAN ROAD LAKELAND, FL 33813</b>		Mailing Address <b>5124 DORMAN ROAD LAKELAND, FL 33813</b>	
2. Principal Place of Business <b>5124 Dorman Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5124 Dorman Rd.</b> Suite, Apt. #, etc.	
City & State <b>Lakeland FL</b> Zip <b>33813</b>		City & State <b>Lakeland FL</b> Zip <b>33813</b>	
4. FEI Number <b>02-0680834</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRANDT, BRIAN 5124 DORMAN ROAD LAKELAND, FL 33813</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><b>Brian T. Brandt</b></u> DATE <u><b>2-26-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. <b>President OFFICERS AND DIRECTORS</b>		11. <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>President</b> NAME <b>Brian T. Brandt</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5124 Dorman Rd.</b> CITY-ST-ZIP <b>Lakeland FL 33813</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE <b>Secretary/Treasurer</b> NAME <b>Marcy Brandt</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5124 Dorman Rd.</b> CITY-ST-ZIP <b>Lakeland FL 33813</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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: <u><b>Brian T. Brandt</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		Date <u><b>2-9-04</b></u> Daytime Phone # <u><b>863-607-4396</b></u>	

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01312004 Chg-P CR2E034 (10/03)