

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000151826

1. Entity Name

CUSTOM PLASTIC LAYING, INC.



Principal Place of Business
3609 S PIPPIN RD
PLANT CITY FL 33567

Mailing Address
3609 S PIPPIN RD
PLANT CITY FL 33567



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-0482714

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

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

City

FL

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
REGISTER, WILLIAM L
3609 S PIPPIN RD
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000663113
03/21/07-80040-017 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
REGISTER, PATRICIA E
3609 S PIPPIN RD
PLANT CITY FL 33567 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. If the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Part I, if changed, or on an attachment with an address, with all other like empowered.

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 that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Part I, if my name appears in Block 10 or Block 11

SIGNATURE

William L Register

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-07 813 752-3420