



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PS 1 of 2

9/12/2005-90003-030-\$150.00-\$150.00

<b>DOCUMENT # P04000120410</b> 1. Entry Name <b>PLASTIC DRIVES COMPANY</b>						<b>FILED</b> <b>05 OCT 13 AM 11:39</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1523 DANFORTH OSPREY FL 34229</b>				Mailing Address <b>1523 DANFORTH OSPREY FL 34229</b>			
2. Principal Place of Business <i>AS ABOVE</i>		3. Mailing Address <i>AS ABOVE</i>		1st MOORE CR2E034 (10/04)  4. FEI Number <b>20-1546493</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>HASSMANN, JOHN</b> <i>Pres</i> <b>1523 DANFORTH</b> <b>OSPREY FL 34229</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 <i>John Hassmann, Pres</i> DATE <i>9/6/05</i> <small>(NOTE: Registered Agent signature required when revalidating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<i>JUANITA HASSMANN</i> <input type="checkbox"/> Delete <i>VP</i> <i>SAME ADDRESS AS ABOVE</i>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>JOHN HASSMANN</i> <input type="checkbox"/> Delete <i>Pres</i> <i>SAME ADDRESS AS ABOVE</i>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *John Hassmann, Pres* DATE: *9/6/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PLASTIC DRIVES COMPANY**  
**1523 DANFORTH LANE**  
**OSPREY, FL. 34229**  
**TEL: (941) 966-1920 FAX: (941) 966-1316**

October 18, 2005

FAX: (850) 245-6017

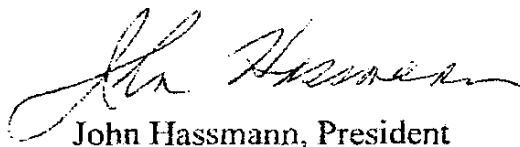
TO: SECRETARY OF STATE

ATTENTION: TINA ROBERTS

Dear Tina,

We did not receive prior notice.

Very truly yours,

  
John Hassmann, President