

2008-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000100878

1. Entity Name
POLAR PLASTECH, INC.



Principal Place of Business
**2509-3 SUCCESS DRIVE
ODESSA, FL 33556**

Mailing Address
**2509-3 SUCCESS DRIVE
ODESSA, FL 33556**



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5114647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTS, STEVE
2509-3 SUCCESS DRIVE
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000790062
01/23/08-80019-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROBERTS, STEVE**
STREET ADDRESS **401 CHANNEL SIDE WALKWAY APT. 1379**
CITY- ST- ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **ROBERTS, SEAN**
STREET ADDRESS **2317 FORREST CREST CICLE**
CITY- ST- ZIP **LUTZ, FL 33549**

TITLE **D**
NAME **ROBERTS, KYLE**
STREET ADDRESS **2317 FORREST CREST CIRCLE**
CITY- ST- ZIP **LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

1-14-08

Date

727-372-6771

Daytime Phone #