


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P06755 1. Entity Name PLASTIC PROCESS EQUIPMENT, INC.	
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Principal Place of Business 8303 CORPORATE PARK DR. MACEDONIA, OH 44056 US	Mailing Address 8303 CORPORATE PARK DR. MACEDONIA, OH 44056 US
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1151140	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  KRIS D. AYRES 18717 GERACI ROAD LUTZ, FLORIDA 33549
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUCHAR, EDWARD 8303 CORPORATE PARK DR. MACEDONIA, OH 44056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KUCHAR, FRANCES E. 8303 CORPORATE PARK DR. MACEDONIA, OH 44056
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02/08/06-80081-009 150.00

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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: Edward R. Kuchar **EDW. R. KUCHAR** 1-25-06 215-367-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #