


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 032 ***158.75

DOCUMENT # P07000125123		
1. Entity Name D & T PLASTICS, INC.		

Principal Place of Business 3001 OLD WINTER GARDEN RD ORLANDO, FL 32805 US	Mailing Address 3001 OLD WINTER GARDEN RD ORLANDO, FL 32805 US
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2. Principal Place of Business - No P.O. Box # 1426 N. Goldenrod Rd.	3. Mailing Address 1426 N. Goldenrod Rd.
Suite, Apt. #, etc. Unit # 3	Suite, Apt. #, etc. Unit # 3
City & State Orlando, FL	City & State Orlando, FL
Zip 32807	Country US



01172008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1444846		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DICKERSON, DWIGHT 3001 OLD WINTER GARDEN RD ORLANDO, FL 32805		
7. Name and Address of New Registered Agent Name Dwight Dickerson Street Address (P.O. Box Number is Not Acceptable) 1426 N. Goldenrod Rd Unit # 3 City Orlando FL Zip Code 32807		

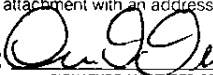
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Dwight D. Dickerson, President 1/17/2008
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when transacting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKERSON, DWIGHT 3001 OLD WINTER GARDEN RD ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dwight Dickerson 14207 Viburnum Lane Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD DICKERSON, TAMMY 14207 VIBURNUM LANE ORLANDO, FL 32828 <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
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 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:  Dwight D. Dickerson 1/17/2008 (321) 946-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #