

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000022774

1. Entity Name
REUSE IT PLASTICS, INC.



Principal Place of Business
**1500 BEVILLE RD
STE 606 PMB 238
DAYTONA BEACH, FL 32114-5644 US**

Mailing Address
**1500 BEVILLE RD
STE 606 PMB 238
DAYTONA BEACH, FL 32114-5644 US**



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3171821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOUCKS, WILLIAM E
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANTER, BARBARA
STREET ADDRESS	1500 BEVILLE RD STE 606
CITY-ST-ZIP	DAYTONA BEACH, FL 321145644
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000005397
01/15/04-80050-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barbara Canter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04
Date

Daytime Phone #