

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000050486



Entity Name  
**SARASOTA PLASTICS CORP.**

Principal Place of Business  
**609 EAST COLONIA LANE**  
**NOKOMIS, FL 34275 US**

Mailing Address  
**609 EAST COLONIA LANE**  
**NOKOMIS, FL 34275 US**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0428133</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HENCYE, CHARLES**  
**407 JEANETTE COURT**  
**NOKOMIS, FL 34275**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will Be \$550.00**

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

**OFFICERS AND DIRECTORS**

OFFICER	C	YANKIEWITZ, SAMUEL
HOME ADDRESS		609 EAST COLONIA LANE
CITY-STATE-ZIP		NOKOMIS, FL 34275
OFFICER	P	HENCYE, CHARLES
HOME ADDRESS		407 JEANETTE COURT
CITY-STATE-ZIP		NOKOMIS, FL 34275
OFFICER		
HOME ADDRESS		
CITY-STATE-ZIP		
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CITY-STATE-ZIP		

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 01/30/06-80086-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: Charles Hencye 1-17-06 941-484-3677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #