


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000043161 1. Entity Name THERMOPLASTIC COMPOSITE DESIGNS, INC.					
Principal Place of Business 7400 SR 46 MIMS FL 32754 US			Mailing Address 7400 SR 46 MIMS FL 32754 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3395902 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLK, DALE E SR. 101 RIVER PARK BLVD. TITUSVILLE FL 32780			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALE E POLK SR		NAME		
STREET ADDRESS	101 RIVER PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32480		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALE E POLK JR		NAME		
STREET ADDRESS	7483 WINDOVER WAY		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDDIEBEE POLK		NAME		
STREET ADDRESS	101 RIVER PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDDIEBEE P FARRAR		NAME		
STREET ADDRESS	2655 CHERRYWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Dale E Polk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/04/04 321-265-7055 Date Daytime Phone #		



MOORE CR2E034 (11/03)

59-3395902

Applied For
Not Applicable

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7. Name and Address of New Registered Agent

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TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DALE E POLK SR
101 RIVER PARK BLVD
TITUSVILLE FL 32480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DALE E POLK JR
7483 WINDOVER WAY
TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDDIEBEE POLK
101 RIVER PARK BLVD
TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDDIEBEE P FARRAR
2655 CHERRYWOOD LN
TITUSVILLE FL 32780 ☐ Delete

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SIGNATURE: *Dale E Polk*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/04 321-265-7055
 Date Daytime Phone #