## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: (Load, a James II CHARLES A. G

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P96000102401 04-30-2004 90390 024 \*\*\*150.00 FLORIDA PLASTICS MACHINERY GROUP, INC. Principal Place of Business Mailing Address 3580 ALOMA AVE 3580 ALOMA AVE SUITE 12 SUITE 12 WINTER PARK, FL 32792 WINTER PARK, FL 32792 3. Mailing Address 2. Principal Place of Business 321 HAZZIAUT ST. 80804 196088 Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 59-3417207 Not Applicable Wintersprings Irtinter Springs Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 321=8 32019 ≈ 6028 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Charles A. Gorman GORMAN, CHARLES A III Street Address (P.O. Box Number is Not Acceptable) 3580 ALOMA AVE 321 Hazelnut St. SUITE 12 WINTER PARK, FL 32792 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. 75cmun ID SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition ☐ Delete TITLE GORMAN, CHARLES A III NAME NAME 7.5. Box 196088 STREET ADDRESS 3580 ALOMA AVE., STE 12 STREET ADDRESS Winter Springs, FL 32719-6088 CITY\_ST\_7/P CITY-ST-7IP WINTER PARK, FL 32792 ☐ Delete ■ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change noitibb TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-51-7/P Change | ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_7IP CITY-ST-ZIP □ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HALE THE PARTY OF ☐ Delete TITLE Charge Addition NAME First Research Page 18 Carrier 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.

CHARLES A. GOZHAN IT

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