


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90312 003 ***150.00

DOCUMENT # P97000102320					
1. Entity Name PROPLASTIX INTERNATIONAL, INC.					
Principal Place of Business 861 N HERCULES AVE CLEARWATER, FL 33765			Mailing Address 861 N HERCULES AVE CLEARWATER, FL 33765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3480508				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 DS NAME GUTHRE, SARAH W STREET ADDRESS 861 N HERCULES AVE CITY - ST - ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE DS NAME Sarah W. Guthrie STREET ADDRESS 861 N Hercules Ave CITY - ST - ZIP Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME POPPLETON, JAY K STREET ADDRESS 861 N HERCULES AVE CITY - ST - ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DCEO NAME DESOTO, PETER STREET ADDRESS 861 N HERCULES AVE CITY - ST - ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPF NAME FASENMYER, JANET STREET ADDRESS 861 N HERCULES AVE CITY - ST - ZIP CLEARWATER, FL 33765	<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	
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>J. F. Fassenmyer</i>			4/29/04 727-461-0501		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		