2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000080520

1. Entity Name
SOUTHWEST FLORIDA THERMOPLASTIC, INC.

Principal Place of Business	Mailing Address
25615 65TH AVE E MYAKKA CITY, FL 34251	25615 65TH AVE E MYAKKA CITY, FL 34251

DO NOT WRITE IN THIS SPACE

03272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0948862

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEISSNER, GREGORY C ESQ.
1111 3RD AVENUE WEST
SUITE 150
BRADENTON, FL 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (WHITE: Registered Agent signature required when reinstating)

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

000000488856
04/17/06-80023-013 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	KISSINGER, PAUL F
STREET ADDRESS	25615 65TH AVE., E.
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	SD
NAME	KISSINGER, TINA
STREET ADDRESS	25615 65TH AVE., E
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	VD
NAME	KAMPS, DAVID A
STREET ADDRESS	3005 233RD STREET EAST
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	TD
NAME	KAMPS, JUDITH M
STREET ADDRESS	3005 233RD STREET EAST
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina Kissinger Tina Kissinger 3/31/06 941 322 0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #