2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000080706

1. Entity Name
PLASTIC TRUCKING, INC.

Principal Place of Business	Mailing Address
390 N. ORANGE AVENUE #1500 ORLANDO, FL 32801	POST OFFICE BOX 1391 ORLANDO, FL 32802-1391

DO NOT WRITE IN THIS SPACE

01162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3598118	Not Applicable

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

6. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR.
390 N. ORANGE AVENUE #1500
ORLANDO, FL 32801

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

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**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000078087 03/08/04-80013-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MAROSCHAK, MICHAEL D
STREET ADDRESS	2417 FOXWOOD COURT
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	MAROSCHAK, MARC H
STREET ADDRESS	2417 FOXWOOD COURT
CITY-ST-ZIP	APOPKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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   MICHAEL MAROSCHAK

SIGNATURE: _____   02/28/04   407 298-512/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #