2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90084 016 ***150.00

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1. Entity Name
PLASTIC TRUCKING, INC.

40047235

01242006 Chg-P CR2E034 (11/05)

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

2. Principal Place of Business		3. Mailing Address	
2346 VULCAN ROAD		P.O. BOX 607339	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA FLORIDA		City & State: ORLANDO, FLORIDA	
Zip: 32703	Country: ORANGE	Zip: 32860-7339	Country: ORANGE

4. FEI Number 59-3598118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMSER, THOMAS A JR. 390 N. ORANGE AVENUE #1500 ORLANDO, FL 32801	Name: WHWW, INC. Street Address (P.O. Box Number is Not Acceptable): 390 N. ORANGE AVENUE SUITE 1500 City: ORLANDO FL Zip Code: 32801

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 acc[ept] the obligations of registered agent.

SIGNATURE: By: DEBBIE FRICKE, VP [signature], VP 4/10/06
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, 2006 Fee will be $550.00

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	D MAROSCHAK, MICHAEL D 2417 FOXWOOD COURT APOPKA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad[dition]
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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 informati[on] 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 direc[tor] 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: [signature] ROBERT E. DUNCAN 3/30/06 407-798-5121