

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90018 019 \*\*\*150.00



**DOCUMENT # S34640**  
1. Entity Name  
**REINFORCED PLASTICS DISTRIBUTING, INC.**

Principal Place of Business  
**3672 NW 16 ST  
LAUDERHILL, FL 33311 US**

Mailing Address  
**WILLIAM & SHARON TRAKEMAS  
21012 CHURON AVENUE  
PORT CHARLOTTE, FL 33952**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0251269**

Applied For  
Not Applicable

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



6. Name and Address of Current Registered Agent  
**TRAKEMAS, WILLIAM P  
5151 N.W. 82ND TERRACE  
CORAL SPRINGS, FL 33067**

7. Name and Address of New Registered Agent  
Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**21012 CHURON AVE**  
City **PORT CHARLOTTE** FL Zip Code **33952**

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 William P. Trakemas DATE 2/16/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAKEMAS, WILLIAM P 5151 N.W. 82ND TERRACE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAKEMAS, WILLIAM P 21012 CHURON AVE PORT CHARLOTTE, FL. 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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: William P. Trakemas WILLIAM P TRAKEMAS DATE 2/16/04 DAYTIME PHONE # 954-584-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR