

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34640

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** REINFORCED PLASTICS DISTRIBUTING, INC.

**Current Principal Place of Business:**

7882 N LAKE BUFFUM SHORES RD.  
FT MEADE, FL 33841 US

**New Principal Place of Business:**

1152 N. SCENIC HWY.  
LAKE WALES, FL 33853 US

**Current Mailing Address:**

1402 NW 80TH AVE  
# 508  
MARGATE, FL 33063

**New Mailing Address:**

7882 N. LAKE BUFFUM SHORES RD.  
FORT MEADE, FL 33841 US

**FEI Number:** 65-0251269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAKEMAS, WILLIAM P  
1402 NW 80TH AVE # 508  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

TRAKEMAS, SHARON N  
7882 N. LAKE BUFFUM SHORES RD.  
FORT MEADE, FL 33841 US

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.

SIGNATURE: SHARON N. TRAKEMAS

01/27/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRAKEMAS, SHARON N  
Address: 7882 N. LAKE BUFFUM SHORES RD.  
City-St-Zip: FORT MEADE, FL 33841

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON N. TRAKEMAS

P

01/27/2010

Electronic Signature of Signing Officer or Director

Date