


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90078 036 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # S63237</b>                      |  |
| 1. Entity Name<br><b>NADEN PLASTICS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>371 NW 14TH PL<br/>CRYSTAL RIVER FL 34428</b> | Mailing Address<br><b>371 NW 14TH PL<br/>CRYSTAL RIVER FL 34428</b> |
|---|---|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>122 N. MC GOWAN AVE</b> | 3. Mailing Address<br><b>122 N. MC GOWAN AVE</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

1st MOORE CR2E034 (10/05)

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Crystal River</b> | City & State<br><b>Crystal River</b> |
| Zip<br><b>FL</b>                     | Country<br><b>USA</b>                |
| Zip<br><b>34429</b>                  | Country<br><b>USA</b>                |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0273090</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LABRAM, DENNIS<br/>371 NW 14TH PL<br/>CRYSTAL RIVER FL 34428</b> |  |
|--|--|

|  |                   |
|--|-------------------|
| 7. Name and Address of New Registered Agent              |                   |
| Name _____   |                   |
| Street Address (P.O. Box Number is Not Acceptable) _____ |                   |
| City _____   | FL Zip Code _____ |

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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LABRAM, NANCY</b><br><b>371 NW 14TH PL</b><br><b>CRYSTAL RIVER FL 34428</b><br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>LABRAM, DENNIS</b><br><b>371 NW 14TH PL</b><br><b>CRYSTAL RIVER FL 34428</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, 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 officers, empowered.

|  |        |                 |
|--|--------|-----------------|
| SIGNATURE:  | 2-6-06 | 813-294-9859    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date   | Daytime Phone # |