2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # V56894 1. Entity Name NELSON PLASTICS, INC. Principal Place of Business Mailing Address **578 NORTH STREET 578 NORTH STREET** LONGWOOD, FL 32750 LONGWOOD, FL 32750 US 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3138637 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent BRADFORD, RICHARD DO NOT WRITE 714 FLORIDA BLVD ALTAMONTE SPRINGS, FL 32701 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRADFORD, RICHARD NAME 714 FLORIDA BLVD STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL U00000088013 03/15/04-80034-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

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.

SIGNATURE:

TITI F NAME STHEET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date