

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 162103

**Entity Name:** THE PLASTRIDGE AGENCY INC.

**Current Principal Place of Business:**

820 N. E. 6TH AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

820 N. E. 6TH AVENUE  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-0615319

**Certificate of Status Desired:** No

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

LYNCH, THOMAS E.  
820 N. E. 6TH AVENUE  
DELRAY BEACH, FL 33483 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BOTTCHEER, MICHAEL  
Address 820 N. E. 6TH AVENUE  
City-State-Zip: DELRAY BCH FL

Title PD  
Name LYNCH, THOMAS E  
Address 820 N. E. 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL

Title ST  
Name POST, PAULA T  
Address 820 N. E. 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

Title CFO  
Name LYNCH, BRENDAN T  
Address 820 N. E. 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

Title COO  
Name LYNCH, CONNOR C  
Address 820 N. E. 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33447-0730

*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:** THOMAS E. LYNCH

**PRES**

**04/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date