

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000094568

**Entity Name:** PLASTRD INC.

**Current Principal Place of Business:**

4059 PINE CONE TER  
NORTH PORT, FL 34286

**Current Mailing Address:**

4059 PINE CONE TER  
NORTH PORT, FL 34286 US

**FEI Number: 84-4093645**

**Certificate of Status Desired: No**

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

FREYER, WILLIAM  
4059 PINE CONE TER  
NORTH PORT, FL 34286 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            PRESIDENT  
Name            FREYER, WILLIAM  
Address        4059 PINE CONE TER  
City-State-Zip: NORTH PORT FL 34286

Title            TREASURER  
Name            FERRARO, LUIGI  
Address        331 POND HILL RD  
City-State-Zip: WALLINGFORD CT 06492

Title            MGR  
Name            FREYER, TAYLOR  
Address        4059 PINE CONE TER  
City-State-Zip: NORTH PORT FL 34286

Title            MANAGING MEMBER  
Name            BUTLER, JOHN  
Address        6765 OLD COURT ST  
City-State-Zip: NORTH PORT FL 34291

*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: WILLIAM FREYER**

**PRESIDENT**

**03/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date