

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S34640

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

**Current Principal Place of Business:**

1152 N. SCENIC HWY.  
LAKE WALES, FL 33853

**Current Mailing Address:**

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

**FEI Number:** 65-0251269

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name TRAKEMAS, SHARON N  
Address 7882 N. LAKE BUFFUM SHORES RD.  
City-State-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 TRAKEMAS

**PRESIDENT**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date