


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 027 ***150.00

DOCUMENT # J38256
 1. Entity Name
FABRICATED PLASTICS, INC.



Principal Place of Business
 4391 INDEPENDENCE CT
 SARASOTA, FL 34234

Mailing Address
 4391 INDEPENDENCE CT
 SARASOTA, FL 34234

24026872

2. Principal Place of Business
P.O. Box 2960

3. Mailing Address
P.O. Box 2960

Suite, Apt. #, etc.



03172004 Chg-P CR2E034 (10/03)

City & State
SARASOTA, FL 34230

City & State
SARASOTA, FL

Zip
34230

Country
USA

4. FEI Number
 59-2725504

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOLDSTEN, ROBERT
 1677 CUNLIFF LANE
 SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
GOLDSTEIN, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
988 BLVD OF THE ARTS - APT. 717

City
SARASOTA

FL Zip Code
34236

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 *Robert Goldstein* DATE *3/18/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSTEIN, ROBERT S. 1677 CUNLIFF LANE SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAPPERT, ALVIN R. 1750 BEN FRANKLIN DR. SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, ELIZABETH H 1677 CUNLIFF LANE SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR, PRESIDENT</i> GOLDSTEIN, ROBERT S. 988 BLVD OF THE ARTS - APT. 717 SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> GOLDSTEIN, ELIZABETH H 988 BLVD OF THE ARTS - APT. 717 SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: *Robert Goldstein* **ROBERT S. GOLDSTEIN** DATE *3/18/04* DAYTIME PHONE *941-954-1853*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #