

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 364419

1. Entity Name
SURVIVAL PRODUCTS INC



Principal Place of Business
5614 S.W. 25TH ST.
HOLLYWOOD, FL 33023

Mailing Address
5614 S.W. 25TH ST.
HOLLYWOOD, FL 33023



05182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1402677 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, CHARLES G., JR.
5614 S.W. 25TH ST.
HOLLYWOOD, FL 33023

**DO NOT WRITE
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 file if applicable

(NOTE: Registered Agent signature required when resigning)

Charles G. Rogers, Jr.

5/18/05

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME ROGERS JR., CHARLES G
STREET ADDRESS 2801 PALMER DR.
CITY - ST - ZIP HOLLYWOOD, FL

TITLE VSD
NAME ROGERS, DONNA W
STREET ADDRESS 2801 PALMER DR.
CITY - ST - ZIP HOLLYWOOD, FL

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U00000367840
05/23/05-80002-004 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles G. Rogers, Jr.

DATE

5/18/05 954-966-7329

Daytime Phone #