

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001404

Entity Name: MONTANA PRODUCTS, INC.

FILED  
Jan 09, 2008  
Secretary of State

**Current Principal Place of Business:**

9287 SMUCKER ROAD  
ORRVILLE, OH 44667

**New Principal Place of Business:**

**Current Mailing Address:**

9287 SMUCKER ROAD  
ORRVILLE, OH 44667

**New Mailing Address:**

FEI Number: 34-1209518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: OLSZAK, ROBERT  
Address: 10117 DEER RUN  
City-St-Zip: BRECKSVILLE, OH 44141

Title: CEO ( ) Delete  
Name: WOOD, STRATH  
Address: 9287 SMUCKER ROAD  
City-St-Zip: ORRVILLE, OH 44667

Title: VPRD ( ) Delete  
Name: HALL, MIKE  
Address: 9287 SMUCKER ROAD  
City-St-Zip: ORRVILLE, OH 44667

Title: DOF ( ) Delete  
Name: JONES, CLAY D  
Address: 411 TOWNSHIP ROAD 1600  
City-St-Zip: JEROMESVILLE, OH 44840

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLAY JONES

DOF

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date