2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #318999

1. Entity Name ELECTRO PRODUCTS, INC.



FILED
May 23, 2007 08:00 A
Secretary of State

Principal Place of Business

1710 HWY 29 S

CANTONMENT, FL 32533

Mailing Address

P 0 BOX 1000

GONZALEZ, FL 32560-1000 US



DO NOT WRITE IN THIS SPACE

5. Certificate of Status, Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METCALF, JEANETTE L 2534 CORRAL DR. CANTONMENT, FL 32533

DO NOT WRITE

				,::		~ .	
	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	purpose of changing its registere	d affice or re	gistered agent, or i	both, in the State of Florida	I am familiar with, a	ind accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	i Agent signature re	equired when remataling)	 	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRECTORS				,, I,,, • , 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT METCALF, JEANETTE L 2534 CORRAL DRIVE CANTONMENT, FL			·	.0000007651 05/31/07-8002	92 9-004 150.0	0
NAME STREET ADDRESS CITY-ST-ZIP	VPD METCALF, RANDALL B 2006 HAMILTON CROSSING DR CANTONMENT, FL		2, 20		· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 - ž. j	DC	NOT WR	ITE	. 5.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	CE	: :
NAME STREET ADDRESS CITY-ST-ZIP		20 20 20 20 20 20 20 20 20 20 20 20 20 2			Subject of the second	cada ya ku sa Magaya Ma	
NAME 1.F	Note that the second se		1 41. 7 1			15 115 115	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

res. 5-16-07 850-968-4984