

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 318999

1. Entity Name
ELECTRO PRODUCTS, INC.



Principal Place of Business
1710 HWY 29 S
CANTONMENT, FL 32533 US

Mailing Address
P O BOX 1000
GONZALEZ, FL 32560-1000 US

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT METCALF, JEANETTE L 2534 CORRAL DRIVE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD METCALF, RANDALL B 2006 HAMILTON CROSSING DR CANTONMENT, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/15/08-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jeanette Metcalf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/08 850-968-4984