

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # 322756

1. Entity Name
CANT PRODUCTS, INC.



Principal Place of Business
**701 9TH AVE. E.
BRADENTON, FL 34208**

Mailing Address
**701 9TH AVE. E.
BRADENTON, FL 34208**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1208776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCLENDON, CLYDE
2611 WELLON RANCH RD
ELLINGTON, FL 34222**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BENSON, MAHLON A, III
STREET ADDRESS	5225 CLARKSTON
CITY- ST- ZIP	CLARKSTON, MI 48348

TITLE	V
NAME	BENSON, JOSEPH W
STREET ADDRESS	4160 SOUTH SHORE
CITY- ST- ZIP	WATERFORD, MI 48329

TITLE	T
NAME	BENSON, CATHERINE
STREET ADDRESS	107 ELK AVE.
CITY- ST- ZIP	CRESTED BUTTE, CO 81224

TITLE	P
NAME	MCCLENDON, CLYDE
STREET ADDRESS	2611 WELLON RANCH RD
CITY- ST- ZIP	ELLINGTON, FL 34222

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/20/07-90142-020 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____