

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**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**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1208776** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	

U00000803499  
02/05/08-80027-008 150.00

**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 of an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Michael L. Allan 1/8/08 248.335.9476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #