


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 039 ***150.00

DOCUMENT # 413915 1. Entity Name CERTIFIED PRODUCTS, INC.			
Principal Place of Business 1075 NORTH RONALD REGAN BLVD LONGWOOD FL 32750 US		Mailing Address 1075 NORTH RONALD REGAN BLVD LONGWOOD FL 32750 US	
2. Principal Place of Business 402 INTEGRATED COURT Suite, Apt. #, etc.		3. Mailing Address 402 INTEGRATED COURT Suite, Apt. #, etc.	
City & State DeBary, FLORIDA Zip Country 32713 USA		City & State DeBary, FLORIDA Zip Country 32713 USA	
4. FEI Number 59-1423151		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 TOVEY, CHARLES A 1075 NORTH RONALD REGAN BLVD LONGWOOD FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 402 INTEGRATED COURT City DeBary FL Zip Code 32713	
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 <u>Charles A. Tovey</u> DATE <u>5/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOVEY, CHARLES A. 1660 CHEYENNE TRAIL MAITLAND, FL 32751	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOVEY, C. LANI 1660 CHEYENNE TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Charles A. Tovey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E034 (10/04)

Date

Daytime Phone #