

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 037 ***158.75

DOCUMENT # 570760

1. Entity Name
TRADE PRODUCTS, INC.



Principal Place of Business
1701 ALDEN RD.
ORLANDO, FL 32803

Mailing Address
1701 ALDEN RD.
ORLANDO, FL 32803

4007



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0762881

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOT, GREGORY
3909 LAKE DRAWDY DR
ORLANDO, FL 32820

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOK, MICHELE
STREET ADDRESS	10621 JONATHAN DR
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	S
NAME	ROOT, GREGORY
STREET ADDRESS	3909 LAKE DRAWDY DR
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	VP
NAME	LYNCH, SALLY JO
STREET ADDRESS	580 CARLISLE AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

4-3-06 407-895-6661