


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 042 ***150.00

DOCUMENT # 619161	
1. Entity Name DIVERSIFIED PRODUCTS, INC., OF MARTIN COUNTY	

Principal Place of Business 3201 SE BRIERWOOD PL STUART FL 34997 US	Mailing Address 3201 SE BRIERWOOD PL STUART FL 34997 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1905949		<input type="checkbox"/> 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 INGRAM & WAGNER 11130 S.E. FEDERAL HIGHWAY HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME FREUDENBERG, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3201 SE BRIERWOOD PL	CITY-ST-ZIP STUART FL 34997	STREET ADDRESS	
TITLE SD <input checked="" type="checkbox"/> Delete	NAME FREUDENBERG, MICHELLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3201 SE BRIERWOOD PL	CITY-ST-ZIP STUART FL 34997	STREET ADDRESS	
TITLE SD <input type="checkbox"/> Delete	NAME FREUDENBERG, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3201 SE BRIERWOOD PL	CITY-ST-ZIP STUART FL 34997	STREET ADDRESS	
TITLE TREASURER <input type="checkbox"/> Delete	NAME FREUDENBERG, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3201 SE BRIERWOOD PL	CITY-ST-ZIP STUART FL 34997	STREET ADDRESS	
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME FREUDENBERG, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12514 SE FLORA AVE	CITY-ST-ZIP HOBE SOUND FL 33455	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____