

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 19 AM 11:40**

**DOCUMENT # J76260**

**(5)**

1. Corporation Name

**SECRET PRODUCTS INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/05/1987**

3a. Date of Last Report

**01/20/1994**

4. FEI Number

**59-2817523**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

Principal Place of Business

**516 DOUGLAS AVE  
SUITE 1108  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address

**516 DOUGLAS AVE  
SUITE 1108  
ALTAMONTE SPRINGS FL 32714  
US**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**23**

Zip

Country

City & State

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**SIMMONS, SHELBY  
516 DOUGLAS AVE., #1108  
ALTAMONTE SPRINGS 32714**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
SIMMONS, CYNTHIA  
100 BUTTONWOOD DR.  
LONGWOOD FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or in a check box, or on an attachment with an address.

SIGNATURE:

*SHELBY T. SIMMONS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SHELBY T. SIMMONS 1/12/95 (447) 261-5517*  
Date Signature