

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25870

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** J & E PRODUCTS, INC.

**Current Principal Place of Business:**

304 MAGNOLIA DR  
INDIAN LAKE ESTATES, FL 33855 US

**New Principal Place of Business:**

2770 MAGNOLIA DR  
INDIAN LAKE ESTATES, FL 33855 US

**Current Mailing Address:**

P.O. BOX 7184  
INDIAN LAKE ESTATES, FL 33855 US

**New Mailing Address:**

**FEI Number:** 65-0151103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABARUCJ BERBIRD ESQ  
8411 W OAKLAND PORK BLVD  
STE 202  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            OWN            ( ) Delete  
Name:            GLECKMAN, MICHAEL,  
Address:        2770 MAGNOLIA DR  
City-St-Zip:    INDIAN LAKES EST, FL 33855 PO

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            GLECKMAN, MICHAEL  
Address:        2770 MAGNOLIA DR  
City-St-Zip:    INDIAN LAKES EST, FL 33855

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GLECKMAN

P

02/28/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date