

FILED
Feb 13, 2006 08:00 AM
Secretary of State

2006 FOR PROXY AND ANNUAL REPORT

DOCUMENT # MAND S PRODUCT

1. Entity Name
M AND S PRODUCT

Principal Place of Business
**407 N. TEMPLE AVENUE
STARKE, FL**

Mailing Address
**407 N. TEMPLE AVENUE
STARKE, FL 32091**

DO NOT WRITE IN THIS SPACE

Signature of Current Registered Agent



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2895419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTS, MARTIN W. 407 N. TEMPLE AVE. STARKE, FL
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02/23/06-80024-012 150.00

**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: Martin W. Gotts 2/10/06 904 964-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #