


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90197 035 ***150.00

DOCUMENT # P00000021170 1. Entity Name TASK MASTER PRODUCTS, INC.			
Principal Place of Business 602 FRANKLIN AVE OLDSMAR FL 34677		Mailing Address 602 FRANKLIN AVE OLDSMAR FL 34677	
2. Principal Place of Business - No P.O. Box # 1031 S. Pointe Alexis Dr.		3. Mailing Address 1031 S. Pointe Alexis Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL	
Zip 34689		Zip 34689	
Country USA		Country USA	
6. Name and Address of Current Registered Agent DAYOFF, CHARLES S III 3830 TAMPA STE 150 PALM HARBOR FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May-1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME HENSLEY, ROY F	TITLE Change	NAME 1031 S. Pointe Alexis Dr.
STREET ADDRESS 602 FRANKLIN AVE	CITY-ST-ZIP OLDSMAR FL 34677	STREET ADDRESS Tarpon Springs, FL	CITY-ST-ZIP 34689
TITLE PRES	NAME HENSLEY, ROY	TITLE Change	NAME same as above
STREET ADDRESS 602 FRANKLIN AVE.	CITY-ST-ZIP OLDSMAR FL 34677	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	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 all other like empowered.			
SIGNATURE: <u>Roy Hensley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-25-08 Date	