## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P00461**

1. Entay Name NORTH AMERICAN PRODUCTS CORPORATION



Principal Place of Business

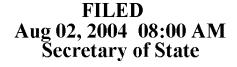
1180 WERNSING RD

P.O.BOX 647 JASPER, IN 47546 Mailing Address

1180 WERNSING RD

P.O.BOX 647

JASPER, IN 47547-0647 US





07232004 DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired		\$8.75 Additional
35-1036224	_	Not Applicable
4. FEI Number		Applied For
		14 19 19

Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the ions of registered agent.	e purpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE_	Signalure, typed or printed name of registored agent and to	le if applicable INOTE Registered Agen	signature	a requiréd when reinstaking)	- DATE	
	E NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000168914 08/02/04-80002-020 550.00	
10.	OFFICERS AND DIR	ECTORS			<u> </u>	
THILE NAME STREET ADORESS CITY - ST - ZIP	C SEGAL, ARTHUR R. 1180 WERNSING RD JASPER, IN					
RITLE NAME STREET ADDRESS CITY-ST-ZIP	C SEGAL, STEVEN A. 1180 WERNSING RD JASPER, IN 47546				-	
TIFLE HAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, JOHN M. 1180 WERNSING RD JASPER, IN		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGAL, SARA L. 1180 WERNSING RD JASPER, IN 47546		IN THIS SPACE			
TITLE NAME STREET ADDRESS	D SEGAL, MILDRED H. 1180 WERNSING RD					

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplies ental 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 of 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:

CITY-ST-ZIP RATE NAME STREET ADDRESS CITY-ST-ZIP

JASPER, IN

SIGNING OFFICER OR DIRECTOR