


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00461
 1. Entity Name
NORTH AMERICAN PRODUCTS CORPORATION



Principal Place of Business 1180 WERNING RD P.O. BOX 647 JASPER, IN 47546	Mailing Address 1180 WERNING RD P.O. BOX 647 JASPER, IN 47547-0647 US
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DO NOT WRITE IN THIS SPACE

07232004 No Chg-P CR2E034 (10/03)

4. FEJ Number 35-1036224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000168914
 08/02/04-80002-020 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SEGAL, ARTHUR R. 1180 WERNING RD JASPER, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SEGAL, STEVEN A. 1180 WERNING RD JASPER, IN 47546
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEGAL, JOHN M. 1180 WERNING RD JASPER, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SEGAL, SARA L. 1180 WERNING RD JASPER, IN 47546
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEGAL, MILDRED H. 1180 WERNING RD JASPER, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: [Signature] 7/29/04 (812) 482-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #