

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000010982

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: TREATMENT & PRODUCT ENTERPRISES, INC.

**Current Principal Place of Business:**

440 STAN DR.  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120207  
MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 59-3697289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARKWELL, ANGELA H  
337 BOSSIEUX BLVD  
MELBOURNE, FL 32904 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARKWELL, ANGELA  
Address: 337 BOSSIEUX BLVD.  
City-St-Zip: W MELBOURNE, FL 32904

Title: PRES ( ) Delete  
Name: LANDERS, PATRICIA  
Address: 7676 NORTHERN OAK ST.  
City-St-Zip: MELBOURNE, F 32904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: SEC (X) Change ( ) Addition  
Name: BARKWELL, ANGELA  
Address: 337 BOSSIEUX BLVD.  
City-St-Zip: W MELBOURNE, FL 32904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/P ( ) Change (X) Addition  
Name: WILT, MELVIN  
Address: 885 OAKWOOD DR.  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify 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: PAT LANDERS

PRES

09/01/2009

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

\_\_\_\_\_  
Date