

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000117209**


1. Entity Name  
**PROTECTIVE MEDICAL PRODUCTS, INC.**



Principal Place of Business      Mailing Address

8946 OLD PASCO ROAD      8946 OLD PASCO ROAD  
 WESLEY CHAPEL, FL 33544      WESLEY CHAPEL, FL 33544

**DO NOT WRITE IN THIS SPACE**



04022004    No Chg-P    CR2E034 (10/03)

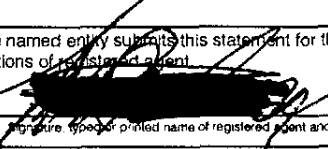
4. FEI Number <b>02-0534291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, THOMAS D  
 8946 OLD PASCO ROAD  
 WESLEY CHAPEL, FL 33544

**DO NOT WRITE IN THIS SPACE**

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:             DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

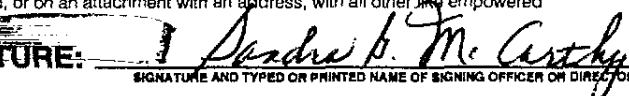
00000107157  
 04/09/04 08:00 AM 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCARTHY, SANDRA G
STREET ADDRESS	8946 OLD PASCO ROAD
CITY - ST - ZIP	WESLEY CHAPEL, FL 33544
TITLE	VP
NAME	MCCARTHY, THOMAS D
STREET ADDRESS	8946 OLD PASCO RD.
CITY - ST - ZIP	WESLEY CHAPEL, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(i), 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:       4/5/04      813-994-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #