## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2004 08:00 AN Secretary of State

1. Entity Nam	MENT # P0200000675 RODUCTS, INC.	5			Secretary of Sta
Principal Plac 7466 PRESII ORLANDO, F	DENTS DRIVE	lailing Address 1482 PRESIDENTS DR DRLANDO, FL 32809			
DO NOT WRITE IN THIS SPAC				03032004 4. FEI Numbi 04-358	
LEMUS, ANTONIO 108 MARCIA DRIVE ALTAMONTE SPRINGS, FL 32714			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  Signature, typed or printed name of registered agent and like if emplicable. (FIOTE Registered Agent signature required when rolinstating)  DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.			~	.00 May Be led to Fees	
TO. TIFLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PTD PIPER, PAUL JR 7466 PRESIDENTS DRIVE ORLANDO, FL 32809 SD	CTORS	;		U00000080245 03/08/04-80101-008 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PIPER, SHIRLEY 7466 PRESIDENTS DRIVE ORLANDO, FL 32809				
NAME STREET ADDRESS CITY-ST-ZIP		and the same		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					