


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 018 ***150.00

DOCUMENT # P02000087662 1. Entity Name S&P PRODUCTS, INC.					
Principal Place of Business 6841 AMBERJACK LANE HUDSON, FL 34667			Mailing Address 6841 AMBERJACK LANE HUDSON, FL 34667		
2. Principal Place of Business 7135 S.R. 52 Suite, Apt. #, etc.		3. Mailing Address 7135 S.R. 52 Suite, Apt. #, etc.			
City & State HUDSON FL		City & State HUDSON FL		4. FEI Number 30-0104457	
Zip 34667		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent DALY, PAMELA 6841 AMBERJACK LANE HUDSON, FL 34667				7. Name and Address of New Registered Agent Name Daly, Pamela Street Address (P.O. Box Number is Not Acceptable) 10850 Hilltop Drive New Port Richey FL 34654 City FL Zip Code	
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 <u><i>Pamela Daly</i></u> DATE <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKATZKA, SUSAN 11531 BALMY BREEZE LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
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: <u><i>P. Daly</i></u> <u>Dir</u> <u>1/15/04</u> <u>727-819-3733</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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