


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

44003833



2. Principal Place of Business: 7135 S.R. 52

3. Mailing Address: 7135 S.R. 52

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State: HUDSON FL

City & State: HUDSON FL

Zip: 34667 Country

Zip: 34667 Country

4. FEI Number: 30-0104457

Applied For: Not Applicable

5. Certificate of Status Desired \$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

City: New Port Richey FL Zip Code: 34654

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: *Pamela Daly* DATE: 1/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKATZKA, SUSAN	NAME	
STREET ADDRESS	11531 BALMY BREEZE LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, PAMELA	NAME	
STREET ADDRESS	10850 HILLTOP DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *P. Daly* Dir DATE: 1/15/04 DAYTIME PHONE #: 727-819-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR