


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 015 ***150.00

DOCUMENT # **P03000039471**

1. Entity Name
DISTINCTIVE PRODUCTS, INC.



Principal Place of Business
**11640 GREENSLEEVE AVENUE
 TAMPA FL 33626**

Mailing Address
**11640 GREENSLEEVE AVENUE
 TAMPA FL 33626**



2. Principal Place of Business, No P.O. Box #
1120 Blufield Ave

3. Mailing Address
1120 Blufield Ave

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
BRANDON, FL

City & State
BRANDON, FL

Zip
33511

Country
USA

4. FEI Number **14-1880256**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, ALBERT
 11640 GREENSLEEVE AVENUE
 TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name
GARCIA, Wendy L.

Street Address (P.O. Box Number is Not Acceptable)
11640 Greensleeve Ave

TAMPA

City **TAMPA** FL Zip Code **33626**

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 **Wendy L. Garcia** *Wendy L. Garcia* DATE **4/10/07**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, WENDY L	
STREET ADDRESS	11640 GREENSLEEVE AVENUE	
CITY - ST - ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ALBERT	
STREET ADDRESS	11640 GREENSLEEVE AVENUE	
CITY - ST - ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Calahan	
STREET ADDRESS	1120 Blufield Ave	
CITY - ST - ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Wendy L. Cottrell** *Wendy L. Garcia* DATE **4/10/07** Daytime Phone # **813-621-3470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR