


**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**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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