

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90050 010 ***158.75


DOCUMENT # P03000098422	
1. Entity Name AMERICANA PRODUCTS COMPANY, INC.	

Principal Place of Business 8100 ARMSTRONG ROAD MILTON, FL 32583	Mailing Address AMERICAN PRODUCTS & COMPANY, INC PO BOX 4110 MILTON, FL 32572
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
YPARREA, MELINDA P 5012 POINTE PKWY PACE, FL 32571

40021410



02152007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0797529	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required*

7. Name and Address of New Registered Agent
Name <i>Melinda P. Yparrea</i>
Street Address (P.O. Box Number is Not Acceptable) <i>5061 Roland Rd.</i>
<i>Pace FL 32572</i>
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 *Melinda P. Yparrea* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YPARREA, MELINDA P 5061 ROLAND ROAD MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Melinda Yparrea</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 4110 / or 5061 Roland Rd</i> <i>M. H. n FL 32572</i> <i>M. H. n FL 32571</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Melinda P. Yparrea* **MELINDA P. YPARREA** *2/15/07* *(850)221-0054*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #