


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90013 006 ***150.00

DOCUMENT # P03000101036					
1. Entity Name M AND J PRODUCTS INC.					
Principal Place of Business 32952 MICHIGAN AVENUE SAN ANTONIO, FL 33576			Mailing Address 32952 MICHIGAN AVENUE SAN ANTONIO, FL 33576		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0224639	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAHR, MARTIN R 32952 MICHIGAN AVENUE SAN ANTONIO, FL 33576				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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>Martin R. Spahr</u> (NOTE: Registered Agent signature required when reinstating) 3/24/2005 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPAHR, MARTY 14101 MARTIN SR. DRIVE DADE CITY, FL 33525 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	"AS ABOVE" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32952 MICHIGAN AVE. SAN ANTONIO, FL 33576	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDBERG, JEFFREY S 12402 CEDARFIELD DRIVE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SPAHR, KATHIE J 32952 MICHIGAN AVENUE SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 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>Martin R. Spahr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/24/2005 352-588-5286 <small>Date Daytime Phone #</small>		