

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90018 035 ***150.00

| | |
|--|--|
| DOCUMENT # P04000173274 | |
| 1. Entity Name GOTTA-GIT-IT PRODUCTS INC | |



| | |
|---|---|
| Principal Place of Business 230 OSCEOLA AVE ORMOND BEACH, FL 32176 US | Mailing Address 230 OSCEOLA AVE ORMOND BEACH, FL 32176 US |
|---|---|

| | | | |
|--|-----------------------|---------------------|---------|
| 2. Principal Place of Business 1338 TROLLMAN AVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State DELTONA FL | | City & State | |
| Zip 32738 | Country USA | Zip | Country |



02082006 Chg-P CR2E034 (11/05)

4. FEI Number
25-1907495

| |
|----------------|
| Applied For |
| Not Applicable |

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HOWARD, THEODORE J 230 OSCEOLA AVE ORMOND BEACH, FL 32176 | | Name THEODORE HOWARD | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1338 TROLLMAN AVE | |
| | | City DELTONA FL Zip Code 32738 | |

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: *Theodore Howard* **3/22/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP | P HOWARD, THEODORE J 230 OSCEOLA AVE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | THEODORE HOWARD 1338 TROLLMAN AVE DELTONA FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILCOX, THOMAS E 2424 INDIA PALM DR EDGEWATER, FL 32141 <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 |
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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: *Theodore Howard* **3/22/06** **386-383-0287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #