


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90045 019 \*\*\*150.00

**DOCUMENT # P05000035939**

1. Entity Name  
 FLORIDA BY PRODUCTS, INC.



Principal Place of Business  
 465 CABOOSE PLACE  
 MULBERRY, FL 33860

Mailing Address  
 465 CABOOSE PLACE  
 MULBERRY, FL 33860

40009808



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-2512043

Applied For  
 Not Applicable

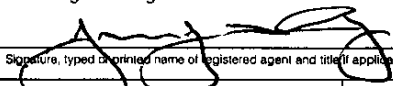
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H. ESQ.  
 925 S. FLORIDA AVE.  
 LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 1-11-08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZEHE, ROGER H.
STREET ADDRESS	465 CABOOSE PLACE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	P
NAME	FORD, JAMES J JR
STREET ADDRESS	465 CABOOSE PL
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	VP
NAME	STRAPTMAN, RICHARD C
STREET ADDRESS	465 CABOOSE PLACE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	D
NAME	MURRAY, HOWARD P
STREET ADDRESS	465 CABOOSE PLACE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	
NAME	James C. Murray
STREET ADDRESS	1170 Clay Springs Drive
CITY-ST-ZIP	CARMEL, IN 46032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  James J. Ford, Jr. 1-11-08 425-6706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #