2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P05000035939

Entity Name: FLORIDA BY PRODUCTS, INC.

Current Principal Place of Business:

465 CABOOSE PLACE
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

465 CABOOSE PLACE
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 20-2512043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AIRTH, ADAM ESQ.
500 S. FLORIDA AVENUE
SUITE 300
LAKELAND, FL 33801 US

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.

SIGNATURE: ADAM AIRTH 04/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZEHE, ROGER H.
Address: 465 CABOOSE PLACE
City-St-Zip: MULBERRY, FL 33860

Title: P ( ) Delete
Name: FORD, JAMES J JR
Address: 465 CABOOSE PL
City-St-Zip: MULBERRY, FL 33860

Title: VP ( ) Delete
Name: STRAPTMAN, RICHARD C
Address: 465 CABOOSE PLACE
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete
Name: MURRAY, HOWARD P
Address: 465 CABOOSE PLACE
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete
Name: MURRAY, JAMES C
Address: 1170 CLAY SPRING DRIVE
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: STRADTMAN, RICHARD C
Address: 465 CABOOSE PLACE
City-St-Zip: MULBERRY, FL 33860

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. STRADTMAN VP 04/07/2009
Electronic Signature of Signing Officer or Director Date