

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035939

FILED  
Feb 22, 2011  
Secretary of State

**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:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**Title:** VP  
**Name:** STRADTMAN, RICHARD C  
**Address:** 465 CABOOSE PLACE  
**City-St-Zip:** MULBERRY, FL 33860

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD C. STRADTMAN

VP

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date