


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 047 ***150.00

DOCUMENT # P05000056640	
1. Entity Name REVEAL PRODUCTS OF FLORIDA, INC.	


Principal Place of Business 672 ROCHESTER ST OVIEDO, FL 32765	Mailing Address 672 ROCHESTER ST OVIEDO, FL 32765
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2. Principal Place of Business 7600 S. Orange Ave Suite, Apt. #, etc. Suite B	3. Mailing Address P.O. Box 592922 Suite, Apt. #, etc.
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32809	Country U.S.A.
Zip 32859	Country USA



03192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent SHAFFER, ERIC 672 ROCHESTER ST OVIEDO, FL 32765	
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7. Name and Address of New Registered Agent Name Robert Smith II Street Address (P.O. Box Number is Not Acceptable) 1422 Rolling Green Drive City Apopka FL Zip Code 32703	
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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, ERIC 672 ROCHESTER ST OVIEDO, FL 32765 <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	D SMITH, ROBERT A 672 ROCHESTER ST OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT A II 672 ROCHESTER ST OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: 	DATE	Daytime Phone # (321) 299-7475
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