2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

FILED May 01, 2008 08:00 AN Secretary of State

1. Entity Name	MENT # P0500010116 RODUCTS & SERVICES, INC.		• · •		Secretar	y of S	
Principal Place 18755 SAKE HUDSON, FL	RA ROAD	Mailing Address P.O. BOX 5375 SPRING HILL, FL 34611] 			
D	O NOT WRITE I	CE	04222008 No Chg-P CR2E034 (11/05) 4. FEI Number				
DIXON, BE 18755 SAK HUDSON,	KERA RD	DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this statement for the ions of registered agent. Signalure, typed or printed name of registered agent and let		Led office or registe			DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			.00 May Be ed to Fees	05/28/0	100939992 18-80049-01!	5 150. 00
10.	OFFICERS AND DIR	ECTORS	-				
ITILE NAME STREET ADDRESS CITY-ST-ZIP	DPST DIXON, BEN F PO BOX 5375 SPRING HILL, FL 34667						
TITLE NAME STREET ADDRESS			:				
CITY-ST-ZIP			I				

DO NOT WRITE IN THIS SPACE

12. Thereby 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 my man an address, with all other like empowered.

SIGNATURE:X	7(/	_	×	4-28-08	7
SIGNATURE A	TYPED OR PRINTED NA	ME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #