


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000011191					
1. Entity Name EZ PRODUCTS CORPORATION					
Principal Place of Business 4738 EASTER STREET PACE, FL 32571			Mailing Address 4738 EASTER STREET PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 51-0565622	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISSEY, SHEILA F 4738 EASTER STREET PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800110866108	
NAME	MORRISSEY, MICHAEL L	NAME		10/16/07--01058--015 **150.00	
STREET ADDRESS	4738 EASTER STREET	STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISSEY, SHEILA F	NAME			
STREET ADDRESS	4738 EASTER STREET	STREET ADDRESS			
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WYSE, DENNIS A	NAME			
STREET ADDRESS	2945 STEFANI ROAD	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32577	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Sheila F. Morrissey</u> <u>Sheila F. Morrissey</u> <u>10/11/07</u> <u>850-994-1969</u>			Date Daytime Phone #		

10/17
00