

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33072

FILED
Jul 06, 2004
Secretary of State

Entity Name: FLEXIBLE FOAM PRODUCTS, INC.

Current Principal Place of Business:

3225 N W 107TH STREET
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 126
SPENCERVILLE, OH 458870124 US

New Mailing Address:

FEI Number: 62-0862958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLD, HERMANN R
6220 N.W. 180TH TERRACE
MIAMI, FL 33015 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MOELLER, CHARLES D.,
Address: 220 S. ELIZABETH STREET
City-St-Zip: SPENCERVILLE, OH

Title: D () Delete
Name: MOELLER, BRODERICK,
Address: 220 S. ELIZABETH STREET
City-St-Zip: SPENCERVILLE, OH

Title: STD () Delete
Name: JERWERS, DONALD L
Address: 220 S. ELIZABETH STREET
City-St-Zip: SPENCERVILLE, OH

Title: DP () Delete
Name: MOELLER, CHARLES L.,
Address: 220 S. ELIZABETH STREET
City-St-Zip: SPENCERVILLE, OH

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: AS () Change (X) Addition
Name: STEPLETON, JOHN S AST SEC
Address: 220 S. ELIZABETH STREET
City-St-Zip: SPENCERVILLE, OH 45887

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN S. STEPLETON

AS

07/06/2004

Electronic Signature of Signing Officer or Director

Date