


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90075 004 ***150.00

DOCUMENT # P92000000141			
1. Entity Name NEW PRODUCTS INC.			
Principal Place of Business 1016 SUPERIOR ST #70 FORT MYERS FL 33916		Mailing Address 1016 SUPERIOR ST #70 FORT MYERS FL 33916	
2. Principal Place of Business - No P.O. Box # 844 NE 7th Place		3. Mailing Address 844 NE 7th Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33909	Country USA	Zip 33909	Country USA
6. Name and Address of Current Registered Agent COX, LINDA L 1016 SUPERIOR ST #70 FORT MYERS FL 33916		7. Name and Address of New Registered Agent Name Linda L Cox Street Address (P.O. Box Number is Not Acceptable) 844 NE 7th Place City Cape Coral FL Zip Code 33909	
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 <u><i>Linda L. Cox</i></u> 4/9/07 <small>Signature, typed or printed name of registered agent and title r. applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST COX, LINDA L <input type="checkbox"/> Delete 1016 SUPERIOR ST #70 FT. MYERS FL 33916	TITLE NAME STREET ADDRESS CITY ST ZIP	PST Linda L Cox <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 844 NE 7th Place Cape Coral, FL 33909
TITLE NAME STREET ADDRESS CITY ST ZIP	D COX, CHARLES E <input type="checkbox"/> Delete 1016 SUPERIOR ST #70 FT. MYERS FL 33916	TITLE NAME STREET ADDRESS CITY ST ZIP	D Charles E Cox <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 844 NE 7th Place Cape Coral, FL 33909
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Linda L. Cox* **Linda L Cox** 4/9/07 239-573-9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #