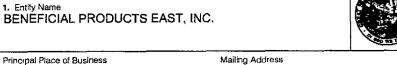
## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P93000025757 BENEFICIAL PRODUCTS EAST, INC.

**FILED** Apr 30, 2004 08:00 AM Secretary of State

<u>863-644-527</u>\$



POB 1168

HIGHLAND CITY, FL 33849-1168 

DO NOT WRITE IN THIS SPACE

02172004	No Chg-P	CR2E034 (10/03)	

4.	FEI Number	Applied For
	59-3188553	Not Applicable

\$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

TAFT, WILLIAM K JR 6431 LAKELAND HIGHLANDS RD LAKELAND, FL 33813

SIGNATURE: William K. Taft,

6431 LAKELAND HIGHLANDS RD

LAKELAND, FL 33813

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAFT, WILLIAM K JR 6431 LAKELAND HIGHLANDS RD LAKELAND, FL 33813						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAFT, BARBARA C 6431 LAKELAND HIGHLANDS RD LAKELAND, FL 33813				97:00014276.0 68:39:39-39:88:195-156,60		
TITLE NAME Street address City St-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under cath; 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.							

Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC