

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 046 ***150.00

DOCUMENT # P94000057581

1. Entity Name

SRT PRODUCTS, INC.



Principal Place of Business

1914 CALUMET ST.
CLEARWATER FL 33765

Mailing Address

1914 CALUMET ST.
CLEARWATER FL 33765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **50-3275773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

SMITH, DONALD B JR.
1914 CALUMET ST.
CLEARWATER FL 34625

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE - NAME	PD SMITH, DONALD B JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1079 CEPHAS ROAD CLEARWATER FL 34625	
TITLE - NAME	STD SMITH, BETTY A	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1079 CEPHAS ROAD CLEARWATER FL 34625	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY - ST - ZIP	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	

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: *Betty Ann Smith* **BETTY ANN Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07(727) 445-9726