

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015516

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: STRATEGIC PRODUCTS, INC.

**Current Principal Place of Business:**

741 PINETREE DRIVE  
INDIAN HARBOR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

741 PINETREE DRIVE  
INDIAN HARBOR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-3494380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARKUSON, ARTHUR  
18 MARINA ISLES BOULEVARD  
INDIAN BARBOR BEACH, FL 32937 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MARKUSON, ARTHUR  
Address: 18 MARINA ISLES BLVD.  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: VSD ( ) Delete  
Name: HAZARD, GEORGIA  
Address: 18 MARINA ISLES BLVD.  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: VD ( ) Delete  
Name: MARKUSON, JEFFREY A  
Address: 537 DORADO WAY  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

**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:

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: ARTHUR MARKUSON

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date