

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 016 ***150.00

DOCUMENT # P98000087830

1. Entity Name
HIGH IMPACT PRODUCTS, INC.



Principal Place of Business
252 OSPREY LAKES CIRCLE
OVIEDO, FL 32766

Mailing Address
252 OSPREY LAKES CIRCLE
OVIEDO, FL 32766

50000288



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

252 OSPREY LAKES CIRCLE

3. Mailing Address

252 OSPREY LAKES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

Chuluota, Florida

City & State

Chuluota, Florida

4. FEI Number

59-3536266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BOB
252 OSPREY LAKES CIRCLE
OVIEDO, FL 32766

7. Name and Address of New Registered Agent

Name BOB ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

252 OSPREY LAKES CIRCLE

City Chuluota

FL

Zip Code 32766

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME ANDERSON, BOB
STREET ADDRESS 252 OSPREY LAKES CIR
CITY-ST-ZIP OVIEDO, FL 32766 ☐ Delete

TITLE D
NAME ANDERSON, BOB
STREET ADDRESS 252 OSPREY LAKES CIR
CITY-ST-ZIP OVIEDO, FL 32766 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME Anderson, BOB
STREET ADDRESS 252 OSPREY LAKES CIRCLE
CITY-ST-ZIP Chuluota, FL 32766 ☒ Change ☐ Addition

TITLE D
NAME Anderson, BOB
STREET ADDRESS 252 OSPREY LAKES CIRCLE
CITY-ST-ZIP Chuluota, FL 32766 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

1-11-07 4072990084