

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092641

Entity Name: JET TECH PRODUCTS, INC.

FILED
Jan 29, 2006
Secretary of State

Current Principal Place of Business:

97586 PIRATES WAY
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 18192
JACKSONVILLE, FL 322290192

New Mailing Address:

FEI Number: 59-3541116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PRES () Delete
Name: WATSON, HARVEY K
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: VP () Delete
Name: WATSON, CHRISTOPHER L
Address: 13891 SOFTWIND TRAIL, N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: WATSON, DAVID J
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: TRES () Delete
Name: WATSON, ADRIANNE T
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: DIR () Delete
Name: WATSON, HARVEY K
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

Title: SEC () Delete
Name: WATSON, ADRIANNE T
Address: 97586 PIRATES WAY
City-St-Zip: YULEE, FL 32097

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:

Title: () Change () Addition
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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 Chapter 119, 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: HARVEY K. WATSON

PRES

01/29/2006

Electronic Signature of Signing Officer or Director

Date