

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109569

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** STANDARD VITAMINS DISTRIBUTION COMPANY, INC.

**Current Principal Place of Business:**

519 CLEVELAND ST. # 101  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

519 CLEVELAND ST. # 101  
CLEARWATER, FL 33755

**New Mailing Address:**

2161 LOGAN ST.  
CLEARWATER, FL 33765

**FEI Number:** 26-3916277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, GARY W  
311 SOUTH MISSOURI AVE.  
CLEARWATER, FL 33756 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: JOHANSSON, HAKAN  
Address: 2180 CLAUMET ST.  
City-St-Zip: CLEARWATER, FL 33765

Title: D  
Name: JOHANSSON, GABRIELA  
Address: 2180 CLAUMET ST.  
City-St-Zip: CLEARWATER, FL 33765

I hereby 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 all other like empowered.

**SIGNATURE:** DIANE COLON

CFO

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date