

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 518981

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** SUN VALLE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

455 COMMERCE BLVD.  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2123  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 59-1700934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPSEY, LESLIE R  
4965 TURTLE CREEK TRAIL  
OLDSMAR, FL 34677 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: P  
Name: LIPSEY, LESLIE R  
Address: 4965 TURTLE CREEK TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: V  
Name: SHATTUCK, GREGORY L  
Address: 1621 GULF BLVD # 1106  
City-St-Zip: CLEARWATER, FL 33767

Title: ST  
Name: WANZIE, LAUREN  
Address: 10241 INDIAN MOUND DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D  
Name: LIPSEY, LESLIE L  
Address: 1127 ROYAL TROON COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: LIPSEY, DANA Z  
Address: 1127 ROYAL TROON COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

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: LAUREN WANZIE

ST

04/05/2011

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

\_\_\_\_\_ Date