

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 843354

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** FLORIBEC INTERNATIONAL, INC.

**Current Principal Place of Business:**

840 ST. JOHNS AVE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 13-3012252      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROYAL, BERT V.  
3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS, FL 32043      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: VPSD  
Name: ROYAL, BERT V.  
Address: 3616 MAGNOLIA PT BLVD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD  
Name: SCHAD, THOMAS DR  
Address: 840 ST. JOHNS AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VPD  
Name: SCHAD, JOHANN  
Address: 840 ST JOHNS AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: DR THOMAS SCHAD

PD

04/04/2012

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

\_\_\_\_\_  
Date