

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45200

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** MAUREEN DISTRIBUTORS, INC.

**Current Principal Place of Business:**

8675 S. LAKE CIRCLE  
FT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07292  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 59-2744218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERPER, MAUREEN  
8675 S. LAKE CIR.  
FT MYERS, FL 33908 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: DST  
Name: PERPER, DENNIS J.  
Address: 8675 S LAKE CIRCLE  
City-St-Zip: FT MYERS, FL

Title: DV  
Name: PERPER, MAUREEN T.  
Address: 8675 S LAKE CIRCLE  
City-St-Zip: FT MYERS, FL

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: DENNIS PERPER

DST

04/09/2012

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

\_\_\_\_\_  
Date