

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118037

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** UNCLE MATT'S ORGANIC, INC.

**Current Principal Place of Business:**

1645 E HWY 50  
SUITE 202  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120187  
CLERMONT, FL 34712

**New Mailing Address:**

**FEI Number:** 42-1560079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEAN, SUSAN  
20574 SUGARLOAF MT RD  
CLERMONT, FL 34711 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: PD  
Name: MCLEAN, MATT  
Address: 11532 OSPREY POINTE BLVD.  
City-St-Zip: CLERMONT, FL 34711

Title: SD  
Name: MCLEAN, SUSAN  
Address: 20574 SUGARLOAF MT. RD.  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: MCLEAN, W.B. JR.  
Address: 20574 SUGARLOAF MT. RD.  
City-St-Zip: CLERMONT, FL 34711

Title: VD  
Name: MCLEAN, W.B. III  
Address: 1645 E HWY 50, SUITE 202  
City-St-Zip: CLERMONT, FL 34711

Title: TD  
Name: HOWELL, ALEX  
Address: 1645 E HWY 50, SUITE 202  
City-St-Zip: CLERMONT, FL 34711

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: SUSAN MCLEAN

SD

02/09/2012

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

\_\_\_\_\_  
Date