

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000144067

Entity Name: MY GUY INC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

912 OLD MAIL LANE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

912 OLD MAIL LANE  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 05-0540494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRISTENSON, TODD M OWNER  
912 OLD MAIL LN  
SANFORD, FL 32773 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: KRISTENSON, TODD  
Address: 912 OLD MAIL LANE  
City-St-Zip: SANFORD, FL 32773

Title: VP  
Name: KRISTENSON, TIFFANY  
Address: 912 OLD MAIL LANE  
City-St-Zip: SANFORD, FL 32773

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: TODD M KRISTENSON

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02/09/2012

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

\_\_\_\_\_  
Date