

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095668

FILED
May 01, 2009
Secretary of State

Entity Name: PRODUCTS UNLIMITED OF GAINESVILLE, INC.

Current Principal Place of Business:

230 NE 16TH AVENUE
GAINESVILLE, FL 32609

New Principal Place of Business:

230 NE 16TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 5152
GAINESVILLE, FL 326275152 US

New Mailing Address:

FEI Number: 77-0639279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKS, CORO
230 NE 16TH AVENUE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

MEEKS, CORO
230 NE 16TH AVENUE
GAINESVILLE, FL 32601 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEEKS, IRMA C
Address: 2325 NW 42ND AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: MENDOZA, CARLOS A
Address: 2325 NW 42ND AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: ST () Delete
Name: MEEKS BORJAS, AKEMI V
Address: 907 NW 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS MENDOZA

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date