

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000157184

**FILED**  
**May 08, 2012**  
**Secretary of State**

**Entity Name:** MARIANNA LIME PRODUCTS, INC.

**Current Principal Place of Business:**

3224 HWY. 73 N  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

3333 VALLEYVIEW ROAD  
MARIANNA, FL 32446 US

**Current Mailing Address:**

P O BOX 1505  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 59-1945522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROOKS, C. LEON  
3224 HWY. 73 N  
MARIANNA, FL 32446 US

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

BROOKS, C. LEON  
2307 LITTLE PINES DR.  
MARIANNA, FL 32448 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/08/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BROOKS, C. LEON  
Address: 2307 LITTLE PINES DR.  
City-St-Zip: MARIANNA, FL 32448 US

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: C. LEON BROOKS

PRES

05/08/2012

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

\_\_\_\_\_  
Date