

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000119093

Entity Name: GBN PRODUCTS, INC.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5004 E. FOWLER AVE., C-133  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5004 E. FOWLER AVE., C-133  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

FEI Number: 16-1724574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMONTE, GINA  
5004 E. FOWLER AVE., C-133  
TEMPLE TERRACE, FL 33617 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALMONTE, GINA M  
Address: 5004 E. FOWLER AVE., C-133  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: O  
Name: LIPSTEIN, EVAN  
Address: 5004 E. FOWLER AVE., C-133  
City-St-Zip: TEMPLE TERRACE, FL 33617 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: GINA ALMONTE

D

02/18/2010

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

\_\_\_\_\_  
Date