

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000012235

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** STORE BRAND PRODUCTS, INC.

**Current Principal Place of Business:**

5019 SHORELINE CIRCLE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

5019 SHORELINE CIRCLE  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 27-1937158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACINNIS, RON  
5019 SHORELINE CIRCLE  
SANFORD, FL 32771 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: DPT  
Name: MACINNIS, RON  
Address: 5019 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771 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: RONALD MACINNIS

DPT

01/27/2012

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

\_\_\_\_\_  
Date