

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000083017

Entity Name: PUB PRODUCTS INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2309 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

2309 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 59-3281025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORNMILLER, WILLIAM  
2309 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 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: BORNMILLER, WILLIAM  
Address: 2309 SAWGRASS VILLAGE DR.  
City-St-Zip: PONTE VEDRA, FL 32082

Title: DVS  
Name: BORNMILLER, W. R  
Address: 2309 SAWGRASS VILLAGE DR.  
City-St-Zip: PONTE VEDRA, FL 32082

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: WILLIAM BORNMILLER

PRES

02/10/2012

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

\_\_\_\_\_  
Date