

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000094563

Entity Name: M & R PERSONAL CARE, INC.

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1289 S.W. HILLSBOROUGH AVE.  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

927 BOND ST  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 65-0626090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRISON, MARJORIE  
927 BOND STREET  
ARCADIA, FL 34266 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: PS  
Name: HARRISON, MARJORIE  
Address: 927 BOND ST.  
City-St-Zip: ARCADIA, FL 34266

Title: VP  
Name: HARRISON, ROBERT  
Address: 927 BOND ST.  
City-St-Zip: ARCADIA, FL 34266

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: MARJORIE HARRISON

PRES

03/04/2012

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

\_\_\_\_\_  
Date