

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000008990

**Entity Name:** FAMILY DEFENSE PRODUCTS, INC.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3351 SW 56TH AVE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3351 SW 56TH AVE  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-3488992      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LIEBERMAN, JUDITH L  
3351 SW 56TH AVE  
OCALA, FL 34474 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:      PSTD  
Name:      LIEBERMAN, JUDITH L  
Address:      3351 SW 56TH AVE  
City-St-Zip:      OCALA, FL 34474

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: JUDITH L. LIEBERMAN

Electronic Signature of Signing Officer or Director

PSTD

01/19/2011

Date