


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | |
|--|---|
| DOCUMENT # P97000094095 1. Entity Name JA-LU DISTRIBUTING COMPANY, INC. |  |
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FILED

08 NOV -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|
| Principal Place of Business 136 CANDACE DR MAITLAND, FL 32751 US | Mailing Address 136 CANDACE DRIVE MAITLAND, FL |
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10272008 Chg-P CR2E034 (12/06)

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|--|---------------------|---|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 4. FEI Number 59-3501323 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SHELTON, WILLARD L JR. 136 CANDACE DRIVE MAITLAND, FL | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|------------------------------|---|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------|--|---|---|
| TITLE NAME | D SHELTON, ANNA M 136 CANDACE DRIVE MAITLAND, FL <input checked="" type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800137738438 11/07/08--01025--006 **61.25 |
| STREET ADDRESS CITY-ST-ZIP | 136 CANDACE DRIVE MAITLAND, FL | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | D SHELTON, WILLARD L JR. <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 136 CANDACE DRIVE MAITLAND, FL | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | D SHELTON, HAROLD E <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 136 CANDACE DRIVE MAITLAND, FL | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | D SHELTON, MARCELLA <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 136 CANDACE DRIVE MAITLAND, FL | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcella R Shelton as vice president 10/30/08 407-339-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #