

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004495

FILED
Mar 21, 2007
Secretary of State

Entity Name: AD, INC. - FLORIDA DISTRIBUTION

Current Principal Place of Business:

506 MUNICIPAL AVENUE
JEFFERSON CITY, TN 37760

New Principal Place of Business:

Current Mailing Address:

506 MUNICIPAL AVENUE
JEFFERSON CITY, TN 37760

New Mailing Address:

FEI Number: 36-4316700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, ANTHONY
7630 CURRENCY DRIVE
ORLANDO, FL 32809 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ELLSWORTH, WENDELL E
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

Title: VPD () Delete
Name: STAPLES, DANIEL R
Address: 4 E. STOW ROAD
City-St-Zip: MARLTON, NJ 08053

Title: TSD () Delete
Name: ROE, RODERICK J
Address: 506 MUNICIPAL AVENUE
City-St-Zip: JEFFERSON CITY, TN 37760

Title: CC () Delete
Name: VOIGHT, DOREEN
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COLAIANNE, JOHN
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

Title: CFO (X) Change () Addition
Name: JABLONSKY, ALLAN
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

Title: VP/S (X) Change () Addition
Name: TALLERING, KEN
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

Title: VP/T (X) Change () Addition
Name: GOTTLIEB, ADAM
Address: 1001 PERRY STREET
City-St-Zip: ALGOMA, WI 54201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLAN JABLONSKY

CFO

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date