

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004495

FILED  
Mar 23, 2009  
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: CEO ( ) Delete  
Name: COLAIANNE, JOHN  
Address: 1001 PERRY STREET  
City-St-Zip: ALGOMA, WI 54201

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

Title: VP/S ( ) Delete  
Name: TALLERIN, KEN  
Address: 1001 PERRY STREET  
City-St-Zip: ALGOMA, WI 54201

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

Title: PRES (X) Delete  
Name: BUCKLES, BRIAN  
Address: 1001 PERRY STREET  
City-St-Zip: ALGOMA, WI 54201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date