

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** MANUFACTURERS DISTRIBUTOR, INC.

**Current Principal Place of Business:**

13266 BYRD DRIVE, SUITE 200  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 341706  
TAMPA, FL 336941706 US

**New Mailing Address:**

**FEI Number:** 41-2072432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARLEDGE, SAM  
19013 FERN MEADOW LOOP  
LUTZ, FL 33558 US

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

ARLEDGE, SAM  
4341 SANDDOLLAR COURT  
NEW PORT RICHEY, FL 34652 US

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:

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ARLEDGE, SAM  
Address: 4341 SANDDOLLAR COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC.  
Name: ARLEDGE, SAM  
Address: 4341 SANDDOLLAR COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: ARLEDGE, SAM  
Address: 4341 SANDDOLLAR COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: PRES  
Name: ARLEDGE, SAM  
Address: 4341 SANDDOLLAR COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP  
Name: LORI, ARLEDGE  
Address: 4341 SANDDOLLAR COURT  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SAM ARLEDGE

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date