

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000016362

**Entity Name:** WECKER DISTRIBUTION INCORPORATED

**Current Principal Place of Business:**

1700 50TH TERR. SW.  
NAPLES, FL 34116

**Current Mailing Address:**

1700 50TH TERR. SW.  
NAPLES, FL 34116

**FEI Number:** 59-3700621

**Certificate of Status Desired:** No

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

WECKER, DAVID L  
1700 50TH TERR. SW.  
NAPLES, FL 34116 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	TSD
Name	WECKER, DAVID L	Name	WECKER, MARLENE K
Address	1700 50TH TERR. SW.	Address	1700 50TH TERR. SW.
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

*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:** DAVID L WECKER

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date