## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.

**Current Principal Place of Business:** 

11205 CHALLENGER AVE ODESSA. FL 33556-3454

**Current Mailing Address:** 

11205 CHALLENGER AVE ODESSA, FL 33556-3454 US

FEI Number: 41-2072432 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARLEDGE, SAM 2845 SATURN RD BROOKSVILLE, FL 34604 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

FILED Mar 04, 2024

**Secretary of State** 

9826442295CC

Officer/Director Detail:

Title CEO Title SEC.

NameARLEDGE, SAMNameARLEDGE, SAMAddress2845 SATURN RD.Address2845 SATURN RD.

City-State-Zip: BROOKSVILLE FL 34604 City-State-Zip: BROOKSVILLE FL 34604

Title TREA Title PRES

NameARLEDGE, SAMNameARLEDGE, SAMAddress2845 SATURN RD.Address2845 SATURN RD.

City-State-Zip: BROOKSVILLE FL 34604 City-State-Zip: BROOKSVILLE FL 34604

Title VP

Name LORI, ARLEDGE Address 2845 SATURN RD.

City-State-Zip: BROOKSVILLE FL 34604

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 PRESIDENT 03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date