

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271452

FILED
Jan 06, 2009
Secretary of State

Entity Name: CARROLL DISTRIBUTING COMPANY

Current Principal Place of Business:

1553 SILICON AVE
ATTN: JEAN CURRAN
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1553 SILICON AVE
ATTN: JEAN CURRAN
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-1026900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUBANK, MICHAEL J
1553 SILICON AVE
MELBOURNE, FL 329406078 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: VPD () Delete
Name: DAVIDSON, CAROLYN,
Address: 1290 ROYAL BIRKDALE CR
City-St-Zip: ROCKLEDGE, FL

Title: STD () Delete
Name: EUBANK, JO-ANN C
Address: 5409 ROBLES LANE
City-St-Zip: ROCKLEDGE, FL 329555433

Title: PD () Delete
Name: EUBANK, MICHAEL J.
Address: 6760 STILLPOINT DR
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: EUBANK, JO ANN C
Address: 5409 ROBLES LN
City-St-Zip: ROCKLEDGE, FL 329555433

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:

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: MICHAEL J. EUBANK

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date