


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 339228 1. Entity Name JACK BECKER DISTRIBUTORS, INC. |  |
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| Principal Place of Business 6800 SUEMAC PLACE JACKSONVILLE, FL 32254-5700 | Mailing Address PO BOX 37589 JACKSONVILLE, FL 32236-7589 |
|---|--|

DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1229901 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**ROWLAND, DUANE D
6800 SUEMAC PLACE
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROWLAND, DUANE 6800 SUEMAC PLACE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BECKER, JACK 6800 SUEMAC PLACE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DEDICOS, RON 6800 SUEMAC PLACE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUDSON, DON 6800 SUEMAC PLACE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROWLAND, DAVID 6800 SUEMAC PLACE JACKSONVILLE, FL 32254 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/24/08-80005-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane Rowland* 2/18/08 904-354-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #