

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 002 ***150.00

DOCUMENT # 361160

1. Entity Name
MILITARY DISTRIBUTORS, INC.



Principal Place of Business
**400 RACETRACK ROAD
OLDSMAR, FL 34677 US**

Mailing Address
**P.O. BOX 728
OLDSMAR, FL 34677 US**

DO NOT WRITE IN THIS SPACE

400000000



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1303670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J JR
28100 US HWY 19 NORTH
STE 501
CLEARWATER, FL 34621**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PARKER, CHARLOTTE H.**
STREET ADDRESS **710 EASTLAKE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **PST**
NAME **PARKER, WILLIAM M.**
STREET ADDRESS **710 EASTLAKE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 727-460-0527
Date Daytime Phone #