2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **DOCUMENT # 386703** Secretary of State 1. Entity Name COURTESY DISTRIBUTORS, INC. Principal Place of Business Mailing Address 4611 SO UNIVERDSITY DR 4611 SO UNIVERDSITY DR FORT LAUDERDALE FL 33328 FORT LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 59-2282182 Not Applicat: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEDNAR, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 8266 GRIFFIN RD **DAVIE FL 33328** City 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. Feb 02, 2006 (NOTE Registered Agent signature required when teinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change The arm Delete TITLE PD DISLE NAME BEDNAR, THOMAS MAME U00000416233 02/13/06-80007-011 150.00 STREET ADDRESS 8715 SW 52 ST. STREET ADDRESS CITY-ST-ZIP City-St-ZiP COOPER CITY FL □ M^{rr} TITLE ☐ Change T17) F TD ☐ Delete NAME BEDNAR, JUDITH NAME STREET ACCRESS STREET ADDRESS 8715 SW 52 ST. CITY-ST-ZIP COOPER CITY FL CITY-ST-ZIP ☐ Change Admir. ☐ Delete TIRE NAME TUECHE, KENNETH STREET ADDRESS STREET ACCRESS 370 NW 87TH RD CITY-ST-ZIP CUTY-ST-70P PLANTATION FL ☐ Change MARS. Defete TITLE meNAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Defete TITLE ☐ Change A.3.331 TCT1 6 NAME NAINE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Arten NAME NAME STREET ADDRESS STREET AUCRESS City-St-ZIP CHY-SI-ZIP

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

SIGNATURE:

HOWAR. BEDROC (Thomas F. BedRAR Pres

Feb 02, 2006

FILED

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