

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 439444**

1. Entity Name  
**ATLANTIC DISTRIBUTORS INC.**



Principal Place of Business  
**4750 HIGHWAY AVE  
JACKSONVILLE, FL 32254-3790 US**

Mailing Address  
**4750 HIGHWAY AVE  
JACKSONVILLE, FL 32254-3790 US**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1580429**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOOD, JULIAN C.  
4750 HIGHWAY AVENUE  
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

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**

**U000000784576  
01/16/08-80060-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KRESMERY, CAROLYN
STREET ADDRESS	14803 PLUMOSA DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 322502227
TITLE	S
NAME	WOOD, JULIAN C
STREET ADDRESS	14890 PLUMOSA DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 322502228
TITLE	VP
NAME	JOHNSON, MARY F.
STREET ADDRESS	78 NAUGATUCK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32253324
TITLE	T
NAME	HOLZFASTER, TANYA
STREET ADDRESS	4750 HIGHWAY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Carolyn Kresmery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/08* *904.545.9441*  
Date Daytime Phone #