

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 439444

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC DISTRIBUTORS INC.

**Current Principal Place of Business:**

4750 HIGHWAY AVE  
JACKSONVILLE, FL 322543790 US

**New Principal Place of Business:**

**Current Mailing Address:**

4750 HIGHWAY AVE  
JACKSONVILLE, FL 322543790 US

**New Mailing Address:**

**FEI Number:** 59-1580429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, JULIAN C  
4750 HIGHWAY AVENUE  
JACKSONVILLE, FL 32254 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WOOD, JULIAN C  
Address: 14890 PLUMOSA DR  
City-St-Zip: JACKSONVILLE BEACH, FL 322502228

Title: VP  
Name: HOLZFASTER, TANYA R  
Address: 4750 HIGHWAY AVE  
City-St-Zip: JACKSONVILLE, FL 322543790

Title: T  
Name: JOHNSON, MARY F  
Address: 76 NAUGATUCK DR.  
City-St-Zip: JACKSONVILLE, FL 322253324

Title: S  
Name: SHEARER, PAMELA R  
Address: 45077 JAMES ST.  
City-St-Zip: CALLAHAN, FL 32011

I hereby 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 all other like empowered.

SIGNATURE: JULIAN C. WOOD

PRES

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date