

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 484665

Entity Name: C.F.M. DISTRIBUTING CO., INC.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

352 COMMERCIAL STREET  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

352 COMMERCIAL STREET  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 59-1644461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESLIE, MARY JO  
1355 CITRUS RD  
WINTER SPRINGS, FL 32708 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: LESLIE, MARY JO,  
Address: 1355 CITRUS RD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: GOURLEY, JAMES E  
Address: 13603 SKY BLUE CT  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY JO LESLIE

PRES

01/08/2009

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

\_\_\_\_\_  
Date