## ~ 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # 532223** 1. Entity Name 04-19-2007 90209 048 \*\*\*150.00 C & L DISTRIBUTING COMPANY Principal Place of Business Mailing Address 2420 WEST DELANO ST. 2420 WEST DELANO ST. PENSACOLA FL 32505-5112 PENSACOLA FL 32505-5112 2. Principal Place of Business - No P.O. Box # 2420 Del ano 5+ 3. Mailing Address 2420 Delanost Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For PARACOLA 59-1740609 Not Applicable Country \$8.75 Additional 32505-5112 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELK, CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 2420 WEST DELANO ST. PENSACOLA FL 32505 Zip Code 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 projeted name of registered agent and title $\epsilon$ applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Defete IIIŒ MILE ☐ Change Addition WELK, CHARLES F. NAME NAMI 2420 W. DELANO ST. STREET ADDRESS STREET ADDRESS PENSACOLA FL FL 32505 CITY-ST-Z(P CITY-ST-ZIP STD TITLE ☐ Delete TIME ☐ Change Addition WELK, LINDA G. NAM⊦ NAME 2420 WEST DELANO ST. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Addition Robin Welk Adkison 2420 Delano Street NAME WELK, ROBIN NAME. 2420 WEST DELANO ST. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY ST ZIP CITY OF ZIP Pansacola FL 3250S THIE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition HILE ☐ Delete THEE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP IIILE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this illing 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 logal effect as if made under oath that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

ner like empowered.

lattag

SIGNATURE:

FILED