

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 646986

1. Entity Name
J.B. DISTRIBUTING COMPANY OF MADISON, INC.



Principal Place of Business

95 MILTON AVE.
ATLANTA, GA 30315

Mailing Address

95 MILTON AVENUE
ATLANTA, GA 30315

FILED
Mar 11, 2005 08:00 AM
Secretary of State



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2009821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDEE, CARY A.
901 WEST BASE STREET
MADISON, FL 32340

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNETTE, JOHNNY
STREET ADDRESS 95 MILTON AVE
CITY-ST-ZIP ATLANTA, GA 30319

TITLE STD
NAME BURNETTE, J.C., SR.
STREET ADDRESS 405 SEMINOLE AVENUE
CITY-ST-ZIP MADISON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/12/05-80024-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05 404-580-1356
Date Daytime Phone #