## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 670097** 

Entity Name: EVERETT DISTRIBUTING COMPANY, INC.

FEI Number Applied For ( )

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

P.O. BOX 649 C/O JAMES RICHARD EVERETT HOLLISTER, FL 32147 US 834 HUNTER ROAD HOLLISTER, FL 32147 US

**Current Mailing Address:** 

**New Mailing Address:** 

P O BOX 649 HOLLISTER, FL 32147

FEI Number: 59-1999452

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EVERETT, JAMES RICHARD

826 HUNTER RD

P. O. BOX 649

HOLLISTED EL 32147 LIS

EVERETT, JAMES RICHARD

834 HUNTER RD

P. O. BOX 649

HOLLISTED EL 32147 LIS

HOLLISTER, FL 32147 US HOLLISTER, FL 32147 US

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: JAMES RICHARD EVERETT 01/31/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: () Change () Addition

 Name:
 EVERETT, GLENDA,
 Name:

 Address:
 P. O. BOX 649, 826 HUNTER RD
 Address:

 City-St-Zip:
 HOLLISTER, FL 32147
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 EVERETT, JAMES,
 Name:

 Address:
 P. O. BOX 649, 826 HUNTER RD
 Address:

 City-St-Zip:
 HOLLISTER, FL 32147
 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: JAMES EVERETT PD 01/31/2008