

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846959

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** ANDALUSIA DISTRIBUTING COMPANY, INC.

**Current Principal Place of Business:**

ALLEN AVENUE  
P.O. BOX 51  
ANDALUSIA, AL 36420

**New Principal Place of Business:**

117 ALLEN AVENUE  
ANDALUSIA, AL 36420

**Current Mailing Address:**

ALLEN AVENUE  
P.O. BOX 51  
ANDALUSIA, AL 36420

**New Mailing Address:**

117 ALLEN AVENUE  
P.O. BOX 51  
ANDALUSIA, AL 36420

**FEI Number:** 63-0422784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: JONES, MICHAEL L.,  
Address: 1500 MIDWAY DRIVE  
City-St-Zip: ANDALUSIA, AL 36420

Title: VPST ( ) Delete  
Name: JONES, RICHARD E.,  
Address: CEDAR DRIVE  
City-St-Zip: ANDALUSIA, AL 36420

**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: MICHAEL L. JONES, PRESIDENT

PD

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date