2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003445

PORTUONDO, MANUEL

FORT MYERS, FL 33905

2040 PARK 82 DRIVE

Name:

Address:

City-St-Zip:

Entity Name: J.J. TAYLOR DISTRIBUTING FLORIDA, INC

FILED Mar 12, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
655 NORT JUPITER,					
Current Mailing Address:			New Mailing Address:		
655 NORT SUITE 204 JUPITER,	4		655 NORTH A1A JUPITER, FL 33477		
FEI Number	: 65-1100950	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
655 NORT JUPITER, The above	FL 33477	US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
01014/1101		nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS (TAYLOR, JOHI 655 NORTH A' JUPITER, FL	IA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (DESPLAINES, 655 NORTH A ² JUPITER, FL	IA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CABLE, STUAI 53 STATE STR BOSTON, MA	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Р () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HENRI J DESPLAINES DT 03/12/2009