


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003805
 1. Entity Name
 PFS DISTRIBUTION COMPANY



Principal Place of Business
 4845 U.S. HIGHWAY 271 N
 PITTSBURG, TX 75686

Mailing Address
 4845 U.S. HIGHWAY 271 N
 PITTSBURG, TX 75686

DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-0323381

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP GOOLSBY, O.B. JR. 4845 U.S. HIGHWAY 271 N PITTSBURG, TX 75686 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PILGRIM, LONNIE BO 4845 U.S. HIGHWAY 271 N PITTSBURG, TX 75686 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST COGDILL, RICHARD A 4845 U.S. HIGHWAY 271 N PITTSBURG, TX 75686 |
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 05/02/07-80058-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Date Daytime Phone #