

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002196

Entity Name: MILLS DISTRIBUTORS, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 850144
MOBILE, AL 366850144

New Principal Place of Business:

610 S SCHILLINGER ROAD
MOBILE, AL 36695

Current Mailing Address:

POST OFFICE BOX 850144
MOBILE, AL 366850144

New Mailing Address:

610S SCHILLINGER ROAD
MOBILE, AL 36695

FEI Number: 63-0920440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, WILLIAM W JR.
3381 BILL METZGER W
PENSACOLA, FL 32514 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: P () Delete
Name: MILLS, WILLIAM W SR.
Address: 30 MAURY DR.
City-St-Zip: MOBILE, AL 36606

Title: S () Delete
Name: MILLS, TIMOTHY H
Address: 7292 CARSON RD.
City-St-Zip: MOBILE, AL 36695

Title: T () Delete
Name: MILLS, WILLIAM W JR.
Address: 4625 SHANNON CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: MILLS, JOHN C
Address: 5534 NASSAU DR.
City-St-Zip: MOBILE, AL 36608

Title: VP () Delete
Name: POLLMAN, MARY M
Address: 3711 SWANEAS DR
City-St-Zip: MOBILE, AL 36608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY H MILLS

S

01/06/2009

Electronic Signature of Signing Officer or Director

Date