2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006220

1. Entity Name
ARROW DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
11819 I STREET	11819 I STREET
OMAHA, NE 68137	OMAHA, NE 68137

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
47-0644948	Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, LAURIE
11435 ROCKET BLVD SUITE 104
ORLANDO, FL 32824

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSEN, ANDREW C
STREET ADDRESS	11819 I STREET
CITY-ST-ZIP	OMAHA, NE 68137
TITLE	V
NAME	VANCE, RAYMOND S
STREET ADDRESS	11819 I STREET
CITY-ST-ZIP	OMAHA, NE 68137
TITLE	ST
NAME	CHRISTENSEN, JANICE L
STREET ADDRESS	11819 I STREET
CITY-ST-ZIP	OMAHA, NE 68137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80063-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: _Janice L Christensen_   Janice L Christensen   3/1/05   402-333-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #