


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # F97000006220 1. Entity Name ARROW DISTRIBUTING, INC.	
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Principal Place of Business 11819 I STREET OMAHA, NE 68137	Mailing Address 11819 I STREET OMAHA, NE 68137
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01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0644948	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, LAURIE 11435 ROCKET BLVD SUITE 104 ORLANDO, FL 32824
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000436626
02/28/06-80009-020 150.00

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

**DO NOT WRITE
IN THIS SPACE**

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 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 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #