

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003247

FILED
Jan 23, 2009
Secretary of State

Entity Name: HOSHIZAKI SOUTHEASTERN DISTRIBUTION CENTER, INC.

Current Principal Place of Business:

5589 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

618 HIGHWAY 74 S
PEACHTREE CITY, GA 30269

New Mailing Address:

FEI Number: 59-3579254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: DAVIS, CARTER
Address: 618 HIGHWAY 74 SOUTH
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP () Delete
Name: BALES, MIKE
Address: 5589 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: ANDERSON, BILL
Address: 618 HWY 74 S
City-St-Zip: PEACHTREE CITY, GA 30269

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:

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: BILL ANDERSON

TREA

01/23/2009

Electronic Signature of Signing Officer or Director

Date