

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H40836 1. Entity Name DOLPH DISTRIBUTING COMPANY, INC.	
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Principal Place of Business % GERALD M. LINKER 2401 N STATE RD 7 MARGATE, FL 33063	Mailing Address % GERALD M. LINKER 2401 N STATE RD 7 MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2497591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINKER, GERALD M. 2401 N STATE RD 7 MARGATE, FL 33063	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000634169 02/21/07-80094-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINKER, GERALD M. 2401 N. STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINKER, GERALD M. 2401 N. STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINKER, JONATHAN 2401 N STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINKER, DEBBIE 2401 N STATE RD 7 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERNECK, STEVEN 2401 N. STATE RD 7 MARGATE, FL 33063
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:  DATE: 2-7-07 DAYTIME PHONE #: 954-973-4586