2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# H95199

Entity Name: L. P. FOOD DISTRIBUTORS, INC.

Current Principal Place of Business:

1305 W. MLK JR. BLVD
STE 20 UNIT 19
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

PO BOX 609
PLANT CITY, FL 335640609

New Mailing Address:

FEI Number: 59-2623522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDEN, N. ROY
4727 N. GALLAGHER RD.
PLANT CITY, FL 33565 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:	WALDEN, N. ROY,	
Address:	4727 N. GALLAGHER RD.	
City-St-Zip:	PLANT CITY, FL	
Title:	D	( ) Delete
Name:	WALDEN, N. ROY,	
Address:	4727 N. GALLAGHER RD.	
City-St-Zip:	PLANT CITY, FL	
Title:	ST	( ) Delete
Name:	WALDEN, TEALA G	
Address:	4727 N GALLAGHER RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	V	( ) Delete
Name:	BOONE, CHAD S	
Address:	4906 LIBERTY LANE	
City-St-Zip:	LAKELAND, FL 33813	

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:	

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: TEALA WALDEN S/T 01/15/2009

Electronic Signature of Signing Officer or Director — Date