


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H98490</b> 1. Entity Name C & R DISTRIBUTORS, INC.		
Principal Place of Business % ROD JACKSON P.O. BOX 194 ODESSA, FL 33556	Mailing Address % ROD JACKSON P.O. BOX 194 ODESSA, FL 33556	



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2649228	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  JACKSON, ROD 12520 JOT EM DOWN LN ODESSA, FL 33556
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JACKSON, ROD 12520 JOT EM DOWN LANE ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JACKSON, CRYSTAL H 12520 JOT EM DOWN LN. ODESSA, FL 33556
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000000767274  
07/06/07-80007-018 150.00

**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:** Cristal H. Jackson July 2, 07 813-920-4445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #