

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # H98490

1. Entity Name  
C & R DISTRIBUTORS, INC.



Principal Place of Business  
96 ROD JACKSON  
P.O. BOX 194  
ODESSA, FL 33556

Mailing Address  
96 ROD JACKSON  
P.O. BOX 194  
ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2649228	<input type="checkbox"/> Applied For <input type="checkbox"/> 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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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: DP  
NAME: JACKSON, ROD  
STREET ADDRESS: 12520 JOT EM DOWN LANE  
CITY-ST-ZIP: ODESSA, FL

TITLE: VT  
NAME: JACKSON, CRYSTAL H  
STREET ADDRESS: 12520 JOT EM DOWN LN.  
CITY-ST-ZIP: ODESSA, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Crystal H. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 07 813-920-4445  
Date Daytime Phone #