2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K49621

PURSLEY DISTRIBUTING, INC.

Principal Place of Business

9115 58 DR E

SUITE A

BRADENTON, FL 34202

Mailing Address

9115 58 DR E

SUITE A

DO NOT WRITE IN THIS SPACE.

BRADENTON, FL 34202

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90188 031 ***150.00

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04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0091840

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECKEY, PHILLIP D 9115 58TH DRIVE EAST STE. A BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or both,	, in the State of Florida. I am familiar with, and accept
SIGNATURE		· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	Р			•	
NAME	LECKEY, PHILLIP	1			
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A				
CITY-ST-ZIP	BRADENTON, FL 34202				
TITLE	DV				
NAME	LECKEY, LINDA P.				
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A				
CITY-ST-ZIP	BRADENTON, FL 34202				
TITLE	DST	i			
NAME	PURSLEY, TRICIA K.				
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A			ו סמ	NOT WRITE
CITY-ST-ZIP	BRADENTON, FL 34202			ו טט	NOT WINTE
TITLE	AS			IN T	HIS SPACE
NAME	SANDERS, LINDA			114 1	IIIO OI ACL
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A				
CITY-ST-ZIP	BRADENTON, FL 34202				
TITLE		ľ			
NAME					
STREET ADDRESS					
CITY-\$T-ZIP					
TITLE					

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 altagement with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAIK, SAMDERS

4/20/07

941-753-7851