

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71669

FILED
Apr 12, 2006
Secretary of State

Entity Name: D & M DISTRIBUTING CORPORATION OF SARASOTA

Current Principal Place of Business:

% MICHAEL TRAVER
5685 FORESTER LAKE DR
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

% MICHAEL TRAVER
P.O. BOX 2897
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 59-2935784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVER, MICHAEL
5685 FORESTER LAKE DR
SARASOTA, FL 34243 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: PV () Delete
Name: TRAVER, MICHAEL J.,
Address: 5685 FORESTER LAKE DR
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: TRAVER, LYNNE
Address: 5685 FORESTER LAKE DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL TRAVER

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date