

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K71669

**FILED  
Apr 27, 2008  
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 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

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date