

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71669

**FILED**  
**Feb 15, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL TRAVER \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PRES

02/15/2011

\_\_\_\_\_ Date