

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90077 035 ***150.00

DOCUMENT # L16418

1. Entity Name

JD DISTRIBUTORS, INC.



Principal Place of Business

9120 NW 105 CIRCLE
MEDLEY FL 33178

Mailing Address

9120 NW 105 CIRCLE
MEDLEY FL 33178



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1717 SW PENROSE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0146282

Applied For

Not Applicable

Zip

Country

Zip

34953

Country

ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, SUSAN
9120 NW 105 CIRCLE
MEDLEY FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

1717 SW PENROSE AVE

City

PORT ST. LUCIE

FL

Zip Code

34953

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

Susan Graham Sec.

SUSAN GRAHAM SEC

2-17-07

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: GRAHAM, DOUGLAS
STREET ADDRESS: 9120 NW 105 CIRCLE
CITY-ST-ZIP: MEDLEY FL 33178 ☐ Delete

TITLE: S
NAME: GRAHAM, SUSAN
STREET ADDRESS: 9120 NW 105 CIRCLE
CITY-ST-ZIP: MEDLEY FL 33178 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1717 SW PENROSE AVE
CITY-ST-ZIP: PORT ST. LUCIE FL 34953

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1717 SW PENROSE AVE
CITY-ST-ZIP: PORT ST. LUCIE FL 34953

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 Section 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:

Susan Graham Sec. SUSAN GRAHAM SEC

2-17-07

786-337-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #