

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 045 ***150.00

DOCUMENT # L68917

1. Entity Name

FOULKE DISTRIBUTING, INC.



Principal Place of Business

295 CANOPY ROAD
MONTICELLO FL 32344-352
US

Mailing Address

295 CANOPY ROAD
MONTICELLO FL 32344-352
US

2. Principal Place of Business

295 Canopy Rd
Suite, Apt. #, etc.

3. Mailing Address

295 Canopy Rd
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Monticello, Florida

City & State

Monticello, Florida

4. FEI Number

59-3010473

Applied For

Not Applicable

Zip

32344-352

Country

USA

Zip

32344

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDERS, STEPHEN M
6487 JUSTIN GRANT TRAIL
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2005 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 D ☐ Delete
NAME MANDERS, STEPHEN M
STREET ADDRESS 6487 JUSTIN GRANT TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE PDS ☐ Delete
NAME FOULKE, DONALD A
STREET ADDRESS 295 CANOPY ROAD
CITY-ST-ZIP MONTICELLO FL 32344-9352

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DONALD A FOULKE

Donald A Foulke

02/04/05

850-556-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #