2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68917

Address:

City-St-Zip:

295 CANOPY RD

MONTICELLO, FL 32344352

Entity Name: FOULKE DISTRIBUTING, INC.

FILED Apr 05, 2007 Secretary of State

| | e. 1 OOLKE | . BIOTTUBOTITO, IITO. | | | |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | DPY ROAD ILLO, FL 3234 | 14352 US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | DPY ROAD ILLO, FL 3234 | 14352 US | | | |
| FEI Number | : 59-3010473 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 6487 JUST TALLAHA: The above | S, STEPHEN I TIN GRANT T SSEE, FL 323 e named entity e of Florida. | RAIL 809 US | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | gent | Date | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (MANDERS, ST 6487 JUSTIN (TALLAHASSE | GRANT TRAIL | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | FOULKE, DON 295 CANOPY | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP (FOULKE, KAR |) Delete EN | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: STEVE MANDERS D 04/05/2007