

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L72237		
1. Entity Name FLORIDA DISTRIBUTING SOURCE, INC.		
Principal Place of Business 14038 63RD WAY NORTH CLEARWATER, FL 33760 US		Mailing Address 14038 63RD WAY NORTH CLEARWATER, FL 33760 US
DO NOT WRITE IN THIS SPACE		
02212006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0210502		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WHATLEY, JACKIE ESQUIRE 101 E KENNEDY BLVD STE 1000 TAMPA, FL 33601		DO NOT WRITE IN THIS SPACE
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000461192 03/20/06-80039-020 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EATON, ROBERT K 14038 63RD WAY NORTH CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, KAREN K 14038 63RD WAY NORTH CLEARWATER, FL 33760	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Karen K Eaton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3-6-06 727-531-1918</u> Date Daytime Phone #