


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L76593</b> 1. Entity Name <b>A &amp; J DISTRIBUTING CORPORATION</b>	
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Principal Place of Business <b>3880 69 AVE N PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>3880 69 AVE N PINELLAS PARK, FL 33781 US</b>
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03102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3015354</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RUBEN, A J  
6544 59TH COURT N  
PINELLAS PARK, FL 33781**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

U000000912356  
05/07/08-80067-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUBEN, A. JEFF 3880 69 AVE N PINELLAS PARK, FL 33781</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RUBEN, ANNE E 3880 69 AVE N PINELLAS PARK, FL 33781</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #