


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 10 AM 11:11


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005251 1. Entity Name WILLISTON FOOD DISTRIBUTION, INC.	
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Principal Place of Business 7493 NE HWY 41 WILLISTON, FL 32696	Mailing Address 7493 NE HWY 41 WILLISTON, FL 32696
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number 75-3200694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAACKURDEEN, VISHNOODATT 7490 NE HWY 41 WILLISTON, FL 32696	7. Name and Address of New Registered Agent Name CRAIG, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 7495 NE HIGHWAY 41 City WILLISTON FL Zip Code 32696
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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 John A. Craig APRIL 7, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAACKURDEEN, VISHNOODATT 7490 NE HWY 41 WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAIG, JOHN A. 7495 NE HWY 41 WILLISTON, FL 32696
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: John A. Craig, DP APRIL 7, 2006 (321) 438-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #