

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2009  
Secretary of State**

DOCUMENT# N05000005251

Entity Name: WILLISTON FOOD DISTRIBUTION, INC.

**Current Principal Place of Business:**

7493 NE HWY 41  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

7493 NE HWY 41  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 75-3200694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRAIG, JOHN A  
7495 NE HIGHWAY 41  
WILLISTON, FL 32696      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: CRAIG, JOHN A  
Address: 7495 NE HWY 41  
City-St-Zip: WILLISTON, FL 32696

Title: DVP      ( ) Delete  
Name: LOBOTTS, ANTHONY  
Address: 7495 NE HWY 41  
City-St-Zip: WILLISTON, FL 32696

Title: DS      ( ) Delete  
Name: CHRAIG, JOHN S  
Address: 4100 SW 20TH AVENUE, B-2  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: MOISE, DAVID  
Address: 7495 NE HWY 41  
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. CRAIG

DP

03/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date