

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000075131

1. Entity Name

TITAN DISTRIBUTION CENTER, INC.



Principal Place of Business

7515 EXCHANGE DR.
ORLANDO, FL 32809

Mailing Address

7515 EXCHANGE DR.
ORLANDO, FL 32809

FILED

09 JUN -9 AM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05082009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRARY, PEGGY N
7515 EXCHANGE DR.
ORLANDO, FL 32809

**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, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCRARY, PEGGY N
STREET ADDRESS 7515 EXCHANGE DR.
CITY-ST-ZIP ORLANDO, FL 32809

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200156994552
06/10/09--01074--001 **150.00

**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 #

04-28-09