

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # 900000075131

1. Entity Name

TITAN DISTRIBUTION CENTER, INC.



FILED

11 MAY 16 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #  
7515 Exchange Dr

3. Mailing Address  
7515 Exchange Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

4. FEI Number  
59-3673265

Applied For  
Not Applicable

Zip  
32809

Country  
ORANGE

Zip  
32809

Country  
ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name  
PEGGY N MCCRARY

Street Address (P.O. Box Number is Not Acceptable)

7515 EXCHANGE DRIVE

City ORLANDO FL Zip 32809

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 Peggy McCrary

Signature, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

5/13/11

DATE

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

E-mail Address:  
peggy@titanwarehouse.com  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P, D  
PEGGY N MCCRARY  
7515 EXCHANGE DRIVE  
ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156 F.S.

SIGNATURE: Peggy McCrary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy McCrary

5/13/11

DATE

407-816-2227

Daytime Phone #

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