

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90059 048 ***150.00

DOCUMENT # P01000099214 1. Entity Name ASR DISTRIBUTING, INC.	
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Principal Place of Business 1052 LAKE LURE LOOP LAKELAND, FL 33801	Mailing Address 1052 LAKE LURE LOOP LAKELAND, FL 33801
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2. Principal Place of Business - No P.O. Box # 5024 Lunn Rd. Suite, Apt. #, etc.	3. Mailing Address 5024 Lunn Rd. Suite, Apt. #, etc.
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02042008 Chg-P CR2E034 (12/06)

City & State Lakeland FL.	City & State Lakeland, FL.	4. FEI Number 58-2653882	Applied For <input type="checkbox"/> Not Applicable
Zip 33811	Country USA.	Zip 33811	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRISON, JOSEPH A 3500 S FLORIDA AVE, SUITE 3 LAKELAND, FL 33803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RASHID, SAMIR	NAME	
STREET ADDRESS	1052 LAKE LURE LOOP	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RASHID, ALI S	NAME	
STREET ADDRESS	5216 MONTSERRAT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33812	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RASHID, SHANNON L	NAME	
STREET ADDRESS	5216 MONTSERRAT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33812	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Shannon Rashid 2-7-08 863-644-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #