

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109233

Entity Name: LUV DISTRIBUTION, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

1763 APEX ROAD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1763 APEX ROAD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1153485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET SUITE 1001
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SEEVERS, LARRY D
1763 APEX ROAD
SARASOTA, FL 34240 US

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: LARRY D. SEEVERS

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: SEEVERS, LARRY D
Address: 1763 APEX ROAD
City-St-Zip: SARASOTA, FL 34240

Title: DPT () Delete
Name: TUCKER, BRENT A
Address: 1763 APEX ROAD
City-St-Zip: SARASOTA, FL 34240

Title: AS () Delete
Name: TUCKER, BRENT A
Address: 1763 APEX ROAD
City-St-Zip: SARASOTA, FL 34240

Title: AT () Delete
Name: SEEVERS, LARRY D
Address: 1763 APEX ROAD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY D. SEEVERS

DVPS

04/17/2008

Electronic Signature of Signing Officer or Director

Date