

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01265

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** SOUTHERN EAGLE DISTRIBUTING, INC.

**Current Principal Place of Business:**

5300 GLADES CUTOFF ROAD  
FT. PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

5300 GLADES CUTOFF ROAD  
FT. PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 36-3286134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSCH, PETER  
5300 GLADES CUTOFF ROAD  
FT. PIERCE, FL 33450 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BUSCH, PETER,  
Address: 5300 GLADES CUTOFF ROAD  
City-St-Zip: FT. PIERCE, FL 33450

Title: V ( ) Delete  
Name: TRABULSY, PAUL  
Address: 5300 GLADES CUTOFF ROAD  
City-St-Zip: FORT PIERCE, FL 33450

Title: V ( ) Delete  
Name: EAVES, JIM  
Address: 5300 GLADES CUTOFF ROAD  
City-St-Zip: FT. PIERCE, FL 33450

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL TRABULSY

V

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date