

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01265

FILED
Mar 03, 2009
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:

BUSCH, PETER
5300 GLADES CUTOFF ROAD
FT. PIERCE, FL 34981 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: PETER BUSCH

03/03/2009

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 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

VP

03/03/2009

Electronic Signature of Signing Officer or Director

Date