2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

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Entity Name: HSD DISTRIBUTING, INC.

Current Principal Place of Business:

7362 W. INDUSTRIAL LANE
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

7362 W. INDUSTRIAL LANE
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 01-0614594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOLICKER, SAMUEL J
5 BEVERLY COURT
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

DONNELLY, EMMETT F
6 BIRCHTREE STREET
HOMOSASSA, FL 34446 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: EMMETT F. DONNELLY 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STOLICKER, SAMUEL J
Address: 5 BEVERLY COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: VD (X) Delete
Name: DONNELLY, EMMETT
Address: 6 BIRCHTREE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: TSD (X) Delete
Name: HAUTER, RONALD H
Address: 3184 N OAKLAND TERR
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DONNELLY, EMMETT F
Address: 6 BIRCHTREE STREET
City-St-Zip: HOMOSASSA, FL 34446

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: EMMETT F. DONNELLY PD 04/20/2009
Electronic Signature of Signing Officer or Director Date