2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000035813

1. Entity Name
J & K DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
13168 CORONADO DR SPRING HILL, FL 34609	POB 3247 SPRING HILL, FL '34611

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0666858	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

GLASS, KENNETH
13168 CORONDO DR
SPRING HILL, FL 34609

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000619515 02/08/07-80076-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KENNETH, GLASS
STREET ADDRESS	13168 CORONDO DR
CITY-ST-ZIP	SPRING HILL, FL 34609

TITLE	DVST
NAME	GLASS, JOANN
STREET ADDRESS	13168 CORONDO DR
CITY-ST-ZIP	SPRING HILL, FL 34609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Kenneth Glass_ Kenneth Glass   2-1-07   352-686-2686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #