

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000069387

1. Entity Name
FIRST DISTRIBUTION, INC.



Principal Place of Business
**1003 BLACK KNIGHT DR
VALRICO, FL 33594**

Mailing Address
**1003 BLACK KNIGHT DR
VALRICO, FL 33594**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0001150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRST, LINDA
1003 BLACK KNIGHT DR
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

**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**

DATE
02/21/07-80091-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIRST, LINDA J 1003 BLACK KNIGHT DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIRST, MICHAEL L SR 1003 BLACK KNIGHT DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIRST, MICHAEL L JR 1518 LONG POND DR VALRICO, FL 33594
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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: *Linda J. First* **LINDA J. FIRST** **2-7-07** **(813)662-3341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #