

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.

## Current Principal Place of Business:

1510 31ST STREET N  
TAMPA, FL 33605 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 341706  
TAMPA, FL 336941706 US

## New Mailing Address:

FEI Number: 41-2072432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARLEDGE, SAM  
19013 FERN MEADOW LOOP  
LUTZ, FL 33558 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: P. ( ) Delete  
Name: ARLEDGE, SAM  
Address: 19013 FERN MEADOW LOOP  
City-St-Zip: LUTZ, FL 33558

Title: SEC. ( ) Delete  
Name: ARLEDGE, SAM  
Address: 19013 FERN MEADOW LOOP  
City-St-Zip: LUTZ, FL 33558 US

Title: TREA ( ) Delete  
Name: ARLEDGE, SAM  
Address: 19013 FERN MEADOW LOOP  
City-St-Zip: LUTZ, FL 33558 US

Title: DIR. ( ) Delete  
Name: ARLEDGE, JAMES E  
Address: 300 SHERWOOD FOREST DRIVE  
City-St-Zip: WOODVILLE, TX 75979 US

## 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:

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 Section 119.07(3)(i), 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: SAM ARLEDGE

PRES

03/08/2005

Electronic Signature of Signing Officer or Director

Date