

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026536

Entity Name: TVS DISTRIBUTING, INC.

FILED  
Apr 05, 2011  
Secretary of State

**Current Principal Place of Business:**

1065 PEARL TREE CT.  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1065 PEARL TREE CT.  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 30-0167379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLLER, THOMAS V  
1065 PEARL TREE CT.  
DELTONA, FL 32725 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STOLLER, THOMAS V  
Address: 1065 PEARL TREE CT.  
City-St-Zip: DELTONA, FL 32725

Title: CP  
Name: STOLLER, THOMAS V  
Address: 1065 PEARL TREE CT.  
City-St-Zip: DELTONA, FL 32725

Title: TS  
Name: STOLLER, THOMAS V  
Address: 1065 PEARL TREE CT.  
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: THOMAS V STOLLER

PRES

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date