

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126861

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: C & L DISTRIBUTING & REPPING, INC.

## Current Principal Place of Business:

5550 HARBORAGE DRIVE  
FORT MYERS, FL 33908

## New Principal Place of Business:

11840 METRO PARKWAY  
FORT MYERS, FL 33966

## Current Mailing Address:

5550 HARBORAGE DRIVE  
FORT MYERS, FL 33908

## New Mailing Address:

11840 METRO PARKWAY  
FORT MYERS, FL 33966

FEI Number: 20-0468958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREEN, BRUCE D  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

BRUCE, GREEN D  
1380 ROYAL PALM SQ BLVD  
FORT MYERS, FL 33919 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: BRUCE GREEN

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HURT, CHARLES  
Address: 5500 HARBORAGE DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: V ( ) Delete  
Name: FROBOSE, JEFFREY A  
Address: 15800 STATE ROUTE 199  
City-St-Zip: PEMBERVILLE, OH 43450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HURT, CHARLES  
Address: 11840 METRO PARKWAY  
City-St-Zip: FORT MYERS, FL 33966

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: CHARLES HURT

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date