

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138066

FILED
Apr 30, 2008
Secretary of State

Entity Name: OTTO DISTRIBUTING, INC.

Current Principal Place of Business:

8503 EAST ADAMO DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

8503 EAST ADAMO DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 01-0808072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, WAYNE D
501 SOUTH BRYAN CIRCLE
BRANDON, FL 33511 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: VP () Delete
Name: OTTO, WAYNE D
Address: 501 SOUTH BRYAN CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: OTTO, LYNNE D
Address: 501 SOUTH BRYAN CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: P () Delete
Name: LEEK, MARK L
Address: 1223 WINDERMERE WAY
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: LENKOWSKY, DAVID
Address: 7 FALMOUTH ST
City-St-Zip: SHORT HILLS, NJ 07078

Title: VP () Delete
Name: MATERIO, SHARON
Address: 339 ALHAMBRA PL
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete
Name: MATERIO, PHILLIP
Address: 339 ALHAMBRA PL
City-St-Zip: WEST PALM BEACH, FL 33405

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:

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 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: WAYNE OTTO

VP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date