

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022931

1. Entity Name
ENDLESS SUMMER DISTRIBUTING, INC.



Principal Place of Business
2221 LAKEWOOD DR
NOKOMIS, FL 34275-3502

Mailing Address
P O BOX 850
OSPREY, FL 34229-0850

2. Principal Place of Business

(SAME)

3. Mailing Address

P.O. Box 1136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Osprey, Florida

Zip

Country

Zip

34229

Country

U.S.A.

11232005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-0712632

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E
125 FORST AVE
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name

Whitney A. Prosser

Street Address (P.O. Box Number is Not Acceptable)

2221 Lakewood Drive

City

Nokomis, Florida

FL

Zip Code

34275

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

Whitney A. Prosser Whitney A. Prosser

11-23-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PROSSER, WHITNEY A
2221 LAKEWOOD DR
NOKOMIS, FL 342753502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200061756892

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
11/23/05--01059--008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Whitney A. Prosser Whitney A. Prosser 11-23-05 *(941)232-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 NOV 29 PM 4:15

SECRETARY OF STATE

