

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 030 ***150.00

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1. Entity Name

PLYMOUTH DISTRIBUTION CENTER, INC.



Principal Place of Business

2915 NIAGARA LANE
PLYMOUTH MN 55447

Mailing Address

2915 NIAGARA LANE
PLYMOUTH MN 55447

2. Principal Place of Business - No P.O. Box #

830 Decatur Ave N

Suite, Apt. #, etc.

3. Mailing Address

830 Decatur Ave N

Suite, Apt. #, etc.

City & State

Golden Valley MN

City & State

Golden Valley MN

Zip

55427

Country

USA

Zip

55427

Country

USA

6. Name and Address of Current Registered Agent

BROWN, PETER
609 ISLAND DRIVE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

20-0704621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

SIGNATURE

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 May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SCHAFER, IAN
STREET ADDRESS 3557 FAIRWAY CT
CITY- ST- ZIP MINNETONKA MN 55343

TITLE DVTS ☐ Delete
NAME BROWN, PETER
STREET ADDRESS 609 ISLAND DR, P.O. BOX 2692
CITY- ST- ZIP PALM BEACH FL 33480

TITLE DV ☐ Delete
NAME RUBIN, LEONARD
STREET ADDRESS 2727 N OCEAN BLVD, #A508
CITY- ST- ZIP BOCA RATON FL 33431

TITLE DV ☐ Delete
NAME RUBIN, DANIEL
STREET ADDRESS 83 DWIGHT PLACE
CITY- ST- ZIP ENGLEWOOD NJ 07631

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Deceased 1-26-07
STREET ADDRESS
CITY- ST- ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature] Ian Schaffer 2/16/07 (763) 554-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #