

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059113

FILED
Feb 13, 2008
Secretary of State

Entity Name: DENBY DISTRIBUTORS INCORPORATED

Current Principal Place of Business:

1430 BLUEWATER DRIVE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

11524 WALDEN LOOP
PARRISH, FL 34219

Current Mailing Address:

P.O. BOX 1942
PALMETTO, FL 34220

New Mailing Address:

P.O. 1942
PALMETTO, FL 34220 19

FEI Number: 20-0963709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, DALE H
1430 BLUEWATER DRIVE
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

WILCOX, DALE H
11524 WALDEN LOOP
PARRISH, FL 34219 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: _____

Electronic Signature of Registered Agent

02/13/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILCOX, DALE H
Address: 1430 BLUEWATER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD () Delete
Name: WILCOX, DONNA K
Address: 1430 BLUEWATER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILCOX, DALE H
Address: 11524 WALDEN LOOP
City-St-Zip: PARRISH, FL 34219

Title: VPD (X) Change () Addition
Name: WILCOX, DONNA K
Address: 11524 WALDEN LOOP
City-St-Zip: PARRISH, FL 34219

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: DALE H WILCOX

Electronic Signature of Signing Officer or Director

PRES

02/13/2008

Date