

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-07-2006 90041 020 \*\*\*150.00  
P04000072877

**FILED**

06 APR 18 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P04000072877

1. Entity Name

A & S DISTRIBUTORS INCORPORATED



Principal Place of Business

2550 SUCCESS DRIVE  
ODESSA FL 33556  
US

Mailing Address

2550 SUCCESS DRIVE  
ODESSA FL 33556  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0107253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GREGORY P  
2550 SUCCESS DRIVE  
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, GREGORY P	
STREET ADDRESS	2550 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLEN, GREGORY P	
STREET ADDRESS	2550 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	ALLEN, GREGORY P	
STREET ADDRESS	2550 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gregory Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

Date

Daytime Phone #