

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000077324

**Entity Name:** CO-WAL DISTRIBUTING, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2436 W PARK ROAD  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

2436 W PARK ROAD  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 20-1117079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, COLLEEN A  
2436 W PARK ROAD  
DELAND, FL 32724 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

**OFFICERS AND DIRECTORS:**

Title: PV  
Name: WALTERS, COLLEEN A  
Address: 2436 W PARK ROAD  
City-St-Zip: DELAND, FL 32724

Title: ST  
Name: WALTERS, COLLEEN A  
Address: 2436 W PARK ROAD  
City-St-Zip: DELAND, FL 32724

Title: D  
Name: WALTERS, COLLEEN A  
Address: 2436 W PARK ROAD  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN WALTERS

CEO

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date