

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089857

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: C & M DISTRIBUTORS OF JACKSONVILLE INC.

**Current Principal Place of Business:**

10405 FLORA SPRINGS ROAD SOUTH  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

10405 FLORA SPRINGS ROAD SOUTH  
JACKSONVILLE, FL 32219

**New Mailing Address:**

FEI Number: 52-2455321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, CHARLES  
10405 FLORA SPRINGS ROAD SOUTH  
JACKSONVILLE, FL 32219 US

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

DAVIS, CHARLES A OWNER  
10405 FLORA SPRINGS ROAD SOUTH  
JACKSONVILLE, FL 32219 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: CHARLES A DAVIS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: DAVIS, CHARLES  
Address: 10405 FLORA SPRINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP/T ( ) Delete  
Name: DAVIS, CHARLES  
Address: 10405 FLORA SPRINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete  
Name: DAVIS, CHARLES  
Address: 10405 FLORA SPRINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32219

Title: D ( ) Delete  
Name: DAVIS, MAGGIE  
Address: 10405 FLORA SPRINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES A DAVIS

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date