

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067136

FILED
Jul 01, 2009
Secretary of State

Entity Name: ATLANTIC COAST DISTRIBUTORS OF SO. FLORIDA INC.

Current Principal Place of Business:

1791 BLOUNT RD
#909
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3442
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 73-1735256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, WILLIAM J
1495 ART LAWRENCE RD
CLEWISTON, FL 33440 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARRY, WILLIAM J
Address: 1791 BLOUNT RD # 909
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM BARRY

PRES

07/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date