


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000100513</b>		
1. Entity Name <b>LAFRESE DISTRIBUTING INC.</b>		
Principal Place of Business <b>23328 RED ROBIN PLACE BRADENTON, FL 34202</b>	Mailing Address <b>23328 RED ROBIN PLACE BRADENTON, FL 34202</b>	



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3170265</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAFRESE, SCOTT  
23328 RED ROBIN PLACE  
BRADENTON, FL 34202**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<p><b>DO NOT WRITE IN THIS SPACE</b></p> <p>000000660016 03/19/07-80009-025 150.00</p>
NAME <b>LAFRESE, SCOTT</b>	
STREET ADDRESS <b>23328 RED ROBIN PLACE</b>	
CITY-ST-ZIP <b>BRADENTON, FL 34202</b>	
TITLE	
NAME	
STREET ADDRESS	<p><b>DO NOT WRITE IN THIS SPACE</b></p>
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
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 Chapter 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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #