2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 10, 2007 08:00		
DOCUMENT # P05000122972 1. Entity Name NATIONWIDE DISTRIBUTING, INC.					Se	cretary of Sta
	ce of Business ATER STREET 34997	Mailing Address 3301 SE SLATER STREET STUART, FL 34997				
	OO NOT WRITE	CE	01102007 4. FEI Number 20-3446	No Chg-P (CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBROS, GEORGE 3301 SE SLATER STREET STUART, FL 34997			·		NOT WR HIS SPA	
8. The above the obligat SIGNATURE.	named entity submits this statement for the clions of registered agent. Signature, typed or printed name of registered agent and the control of the control		ed office or register		, in the State of Florida	a. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			~ _ +•.	00 May Be ed to Fees		
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PV LAMBROS, GEORGE 762 SW LONG LAKE CT PALM CITY, FL 34990 ST RADCLIFF, TRACY 4030 SE BARCELONA STUART, FL 34667	RECTORS			U000005 01/17/07-8	587130 10023-013 150.00
TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE	ZIP DURESS		DO NOT WRITE IN THIS SPACE			
NAME			1			

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver of 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/07 1727812556

Daytime Phone #