## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000107122

Entity Name: RSJ DISTRIBUTING INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7253 HWY 90 EAST MILTON, FL 32583

Current Mailing Address: New Mailing Address:

7253 HWY 90 EAST P O BOX 5055 MILTON, FL 32583 P O BOX 5055 NAVARRE, FL 32566

FEI Number: 20-5396956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BULLION, RHONDA THOMPSON, AUDRA 8956 LONGMONT WAY 2904 OAK HARBOUR DR MILTON, FL 32583 US NAVARRE, FL 32566 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: AUDRA THOMPSON 02/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: BULLION, RHONDA Name: THOMPSON, AUDRA
Address: 8956 LONGMONT Address: 2904 OAK HARBOUR DR

 Address:
 8956 LONGMONT
 Address:
 2904 OAK HARBOUR DR

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 NAVARRE, FL 32566

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: NESSER, JASON Name: PICHARDO, PATRICIA

 Name:
 NESSER, JASON
 Name:
 PICHARDO, PATRICIA

 Address:
 9039 TARA CIRCLE
 Address:
 100 ASHLEY POINTE DR

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 ANDALUSIA, AL 36421

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 BULLION, RHONDA
 Name:
 PICHARDO, PICHARDO

 Address:
 8956 LONGMONT WAY
 Address:
 100 ASHLEY POINTE DR

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 ANDALUSIA, AL 36421

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDRA THOMPSON PRES 02/21/2007