

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90259 035 ***150.00

DOCUMENT # P06000135760

1. Entity Name
LC&G DISTRIBUTING, INC.



Principal Place of Business
3447 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
3447 COMMERCIAL WAY
SPRING HILL, FL 34606



2. Principal Place of Business - No P.O. Box #
10255 RIDGE TOP LOOP
Suite, Apt. #, etc.

3. Mailing Address
10255 RIDGE TOP LOOP
Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State
WEEKI WACHEE FL
Zip
34613
Country
HERNANDO

City & State
WEEKI WACHEE FL
Zip
34613
Country
HERNANDO

4. FEI Number
20-5811092
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINS, GEROGE
3447 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent
Name
MARTINS, GEORGE
Street Address (P.O. Box Number is Not Acceptable)
10255 RIDGE TOP LOOP
City
WEEKI WACHEE FL Zip Code
34613

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]* DATE: *04/30/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINS, GEORGE		NAME		
STREET ADDRESS	3447 COMMERCIAL WAY		STREET ADDRESS	10255 RIDGE TOP LOOP	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE: *04/30/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR