


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90091 050 \*\*\*150.00

DOCUMENT # P06000143244

1. Entity Name  
 REF DISTRIBUTORS, INC.



41

Principal Place of Business      Mailing Address

18477 S.W. COUNTY ROAD 796-A      18477 S.W. COUNTY ROAD 796-A  
 LAKE BUTLER, FL 32054      LAKE BUTLER, FL 32054



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

8477 S.W. County Rd 796-A      8477 S.W. County Rd 796-A

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02032007      Chg-P      CR2E034 (12/06)

City & State      City & State

LAKE BUTLER, FL      LAKE BUTLER, FL

Zip      Country      Zip      Country

32054      USA      32054      USA

4. FEI Number      Applied For

20-5883773      Not Applicable

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

6. Name and Address of Current Registered Agent

FILLYAW, ROBERT E  
 18477 S.W. COUNTY ROAD 796-A  
 LAKE BUTLER, FL 32054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 8477 S.W. County Road 796-A

City      State      Zip Code

LAKE BUTLER      FL      32054

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: Robert E. Fillyaw      DATE

Signature typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE	PST	<input type="checkbox"/>
NAME	FILLYAW, ROBERT E	
STREET ADDRESS	18477 S.W. COUNTY ROAD 796-A	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	8477 S.W. County Rd 796-A		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Robert E. Fillyaw      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR