


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

01-09-2008 90011 011 ***150.00

DOCUMENT # P06000143244
 1. Entity Name
 REF DISTRIBUTORS, INC.




Principal Place of Business
 8477 S.W. COUNTY ROAD 796-A
 LAKE BUTLER, FL 32054

Mailing Address
 8477 S.W. COUNTY ROAD 796-A
 LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE

66000869



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-5883773 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FILLYAW, ROBERT E
 8477 S.W. COUNTY ROAD 796-A
 LAKE BUTLER, FL 32054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST FILLYAW, ROBERT E 8477 SW COUNTY ROAD 796-A LAKE BUTLER, FL 32054 |
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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 Fillyaw* **2/3/08** **(386)496-3036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #