

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071940

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** THOMAS DISTRIBUTING INC.

**Current Principal Place of Business:**

#48 PINE FORREST LANE  
WOOD LAWN, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

#48 PINE FORREST LANE  
WOOD LAWN, FL 32433

**New Mailing Address:**

P.O. BOX 513  
FREEPORT, FL 32439

**FEI Number:** 26-0564656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, WILLIAM L  
#48 PINE FORREST LANE  
WOOD LAWN, FL 32433 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** THOMAS, WILLIAM L  
**Address:** #48 PINE FORREST LANE  
**City-St-Zip:** WOOD LAWN, FL 32433 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM L THOMAS

DIR

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date