

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000051609

**Entity Name:** D. & M. DISTRIBUTORS, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

504 PARKWOOD DR  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX # 393  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 59-3205113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAH, M M  
504 PARKWOOD DR.  
PANAMA CITY, FL 32405 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: D  
Name: SHAH, MINA M D  
Address: 504 PARKWOOD DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: P  
Name: SHAH, MAHESH D  
Address: 504 PARKWOOD DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: SHAH, DHARMANG  
Address: 504 PARKWOOD DR.  
City-St-Zip: PANAMA CITY, FL 32405

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: MINA SHAH

D

04/29/2012

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

\_\_\_\_\_  
Date