

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 016 ***150.00

DOCUMENT # P93000065958 1. Entity Name DOBRO DISTRIBUTION OF FLORIDA, INC.					
Principal Place of Business 4548 MUNDY RD JACKSONVILLE FL 32207			Mailing Address 4548 MUNDY RD JACKSONVILLE FL 32207		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3202353	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GHASTAIN, KAREN M 1846 MARGARET ST SUITE 9-C JACKSONVILLE FL 32204				7. Name and Address of New Registered Agent Name: KATHRYN N. GUNTER Street Address (P.O. Box Number is Not Acceptable): 1989 SELVA MARINA DRIVE City: ATLANTIC BEACH, FL Zip Code: 32233	
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: 2/14/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, MARK A 4548 MUNDY ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, GERALD L 4548 MUNDY ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, GERALD A 35 BROAD CLOVE GARDENS THORPE BAY ESSEX UK SS19 9sp	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACQUELINE W. NICHOLS 4548 MUNDY RD. JACKSONVILLE, FL. 32207 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 corporations.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-14-08 (904) 730 7293 Date: _____		