

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 028 ***150.00

DOCUMENT # P95000084045

1. Entity Name
G & J DISTRIBUTORS OF IMMOKALEE, INC.



Principal Place of Business
5113 PERCH PLACE
IMMOKALEE, FL 34142 US

Mailing Address
5113 PERCH PLACE
IMMOKALEE, FL 34142 US



01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
914 ALABAMA ROAD SOUTH

3. Mailing Address
914 ALABAMA ROAD SOUTH

City & State
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

Zip
33936

Country
USA

Zip
33936

Country
USA

4. FEI Number
65-0619971

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TREJO, LUIS
5113 PERCH PLACE
IMMOKALEE, FL 34142

7. Name and Address of New Registered Agent

Name
STEVEN ALVARADO

Street Address (P.O. Box Number is Not Acceptable)
914 ALABAMA ROAD SOUTH

City
LEHIGH ACRES

FL

Zip Code
33936

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 STEVEN ALVARADO, PRESIDENT

Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
TREJO, LUIS
5113 PERCH PLACE
IMMOKALEE, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TREJO, LUIS
5113 PERCH PLACE
IMMOKALEE, FL

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STEVEN ALVARADO
914 ALABAMA ROAD SOUTH
LEHIGH ACRES, FL 33936

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
STEVEN ALVARADO
914 ALABAMA ROAD SOUTH
LEHIGH ACRES, FL 33936

☒ Change ☐ Addition

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☐ Change ☐ Addition

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: STEVEN ALVARADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 239-896-4715

Date

Daytime Phone #