

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-15-2006 90046 012 ***150.00

DOCUMENT # P97000019771 1. Entity Name M.T.S. DISTRIBUTORS, INC.			
Principal Place of Business 48 RESADA DR BREVARD NC 28712		Mailing Address P O BOX 1056 PISGAH FOREST NC 28768	
2. Principal Place of Business 154 Newcastle Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State BREVARD-NC Zip 28712		City & State Zip USA	
4. FEI Number 59-3432573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent WENDELL, BEVERLY S 718 SAILFISH DR BRANDON FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when (re)elects) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STELLING, MARK STREET ADDRESS 48 RESADA DR CITY-ST-ZIP BREVARD NC 28712	<input type="checkbox"/> Delete	TITLE President/Chairman NAME Stelling, Mark STREET ADDRESS 154 Newcastle Road CITY-ST-ZIP BREVARD NC 28712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE W.I.T/S NAME Stelling, Teresa L. STREET ADDRESS 154 Newcastle Road CITY-ST-ZIP BREVARD NC 28712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Stelling, Joshua A. STREET ADDRESS 154 Newcastle Road CITY-ST-ZIP BREVARD NC 28712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Stelling, Jacob D. STREET ADDRESS 154 Newcastle Road CITY-ST-ZIP BREVARD NC 28712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.			
SIGNATURE <i>Mark Stelling</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/26/06 828-877-5685 Date Daytime Phone #	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

M.T.S. DISTRIBUTORS, INC.
P O BOX 1056
PISGAH FOREST, NC 28768

Subject: M.T.S. DISTRIBUTORS, INC.

Reference Number:

P97000019771

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/bj

ANNUAL REPORTS SECTION