

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 038 ***150.00

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1. Entity Name

M.T.S. DISTRIBUTORS, INC.



Principal Place of Business

154 NEWCASTLE RD
BREVARD NC 28712

Mailing Address

PO BOX 1056
PISGAH FOREST NC 28768



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3432573**

☐ Applied For
☐ Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENDELL, BEVERLY S
718 SAILFISH DR
BRANDON FL 33511

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

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when re-registering)

(JA*)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	STELLING, MARK	
STREET ADDRESS	154 NEWCASTLE RD	
CITY, ST, ZIP	BREVARD NC 28712	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	STELLING, TERESA L	
STREET ADDRESS	154 NEWCASTLE RD	
CITY, ST, ZIP	BREVARD NC 28712	
TITLE	D	<input type="checkbox"/> Delete
NAME	STELLING, JOSHUA A	
STREET ADDRESS	154 NEWCASTLE RD	
CITY, ST, ZIP	BREVARD NC 28712	
TITLE	D	<input type="checkbox"/> Delete
NAME	STELLING, JACOB D	
STREET ADDRESS	154 NEWCASTLE RD	
CITY, ST, ZIP	BREVARD NC 28712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin D. Stelling	
STREET ADDRESS	154 NEWCASTLE ROAD	
CITY, ST, ZIP	BREVARD NC 28712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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:

Mark Stelling Mark Stelling President 1/18/07 828-506-2415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #