

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019771

Entity Name: M.T.S. DISTRIBUTORS, INC.

FILED  
Apr 29, 2012  
Secretary of State

## Current Principal Place of Business:

198 NEW CASTLE RD  
BREVARD, NC 28712 US

## New Principal Place of Business:

4806 HOLLYBERRY DR.  
ORLANDO, FL 32812 US

## Current Mailing Address:

PO BOX 1056  
PISGAH FOREST, NC 28768 US

## New Mailing Address:

4806 HOLLYBERRY DR.  
ORLANDO, FL 32812 US

FEI Number: 59-3432573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WENDELL, BEVERLY S  
718 SAILFISH DR  
BRANDON, FL 33511 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: PC  
Name: STELLING, MARK  
Address: 4806 HOLLYBERRY DR.  
City-St-Zip: ORLANDO, FL 32812

Title: VTS  
Name: STELLING, TERESA L  
Address: 4806 HOLLYBERRY DR.  
City-St-Zip: ORLANDO, FL 32812

Title: D  
Name: STELLING, JOSHUA A  
Address: 6155 RED CEDAR DR. APT.2C  
City-St-Zip: HIGH POINT, NC 27265

Title: D  
Name: STELLING, JACOB D  
Address: 5010 HUNTERS TRAIL UNIT 4  
City-St-Zip: WILMINGTON, NC 28405

Title: D  
Name: STELLING, BENJAMIN D  
Address: 5010 HUNTERS TRAIL UNIT 4  
City-St-Zip: WILMINGTON, NC 28405

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: MARK STELLING

PC

04/29/2012

Electronic Signature of Signing Officer or Director

Date