

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000028320

1. Entity Name  
ESSEX DISTRIBUTING, INC.



Principal Place of Business  
317 E WASHINGTON ST  
SUITE E  
MINNEOLA, FL 34715 US

Mailing Address

317 EWASHINGST  
SUITE E  
MINNEOLA, FL 34715 US

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

16005 MAGNOLIA CREEK LN

Suite, Apt. #, etc.

3. Mailing Address

16005 MAGNOLIA CREEK LN

Suite, Apt. #, etc.

08042008 Chg-P CR2E034 (12/06)

Barcode

City & State

MONTVERDE, FL

Zip

34756

Country

City & State

MONTVERDE FL

Zip

34756

Country

LAKE

4. FEI Number

59-3433665

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KENNY, GARRY  
317 E WASHINGTON ST  
SUITE E  
MINNEOLA, FL 34715

Name **GARRY KENNY**

Street Address (P.O. Box Number is Not Acceptable)

16005 MAGNOLIA CREEK LN

City **MONTVERDE** FL **34756**

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 if applicable

(NOTE: Registered agent signature required when reinstating)

DATE **9-108**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **KENNY, GARRY**  
STREET ADDRESS **317 E WASHINGTON ST**  
CITY ST ZIP **MINNEOLA, FL 34715**

Delete

TITLE **D**  
NAME **KENNY, DEBORAH**  
STREET ADDRESS **317 E WASHINGTON ST SUITE**  
CITY-ST-ZIP **MINNEOLA, FL 34715**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

Delete

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:

TIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-108 407-469-3224**  
Date **09/13/08** Daytime Phone #