
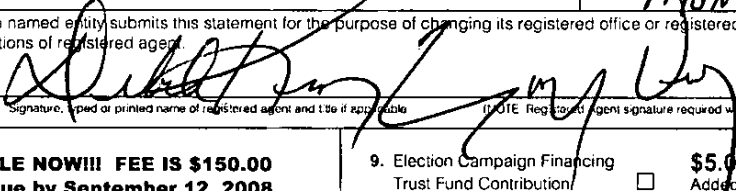
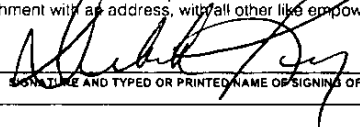


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 E WASHINGTON ST SUITE E MINNEOLA, FL 34715 US	
2. Principal Place of Business - No P.O. Box # 16005 MAGNOLIA CREEK LN		3. Mailing Address 16005 MAGNOLIA CREEK LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MONTVERDE, FL		City & State MONTVERDE FL	
Zip 34756		Zip 34756	
Country		Country LAKE	
4. FEI Number 59-3433665		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNY, GARRY 317 E WASHINGTON ST SUITE E MINNEOLA, FL 34715		7. Name and Address of New Registered Agent Name GARRY KENNY Street Address (P.O. Box Number is Not Acceptable) 16005 MAGNOLIA CREEK LN City MONTVERDE FL Zip Code 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 		DATE 9-1-08	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNY, GARRY 317 E WASHINGTON ST MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNY GARRY 16005 MAGNOLIA CREEK LN MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNY, DEBORAH 317 E WASHINGTON ST SUITE MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNY, DEBORAH 16005 MAGNOLIA CREEK LN MONTVERDE, FL 34756 <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	700136161677 09/19/08--01049--022 **150.00 <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
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 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: 		Date 9-1-08 407-469-3224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	