

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 019 ***150.00

DOCUMENT # P97000094095

1. Entity Name
JA-LU DISTRIBUTING COMPANY, INC.



Principal Place of Business
136 CANDACE DR
MAITLAND, FL 32751 US

Mailing Address
136 CANDACE DRIVE
MAITLAND, FL



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3501323

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHELTON, WILLARD L JR.
136 CANDACE DRIVE
MAITLAND, FL

**DO NOT WRITE
IN THIS SPACE**

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)

4/26/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHELTON, ANNA M
STREET ADDRESS	136 CANDACE DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	SHELTON, WILLARD L JR.
STREET ADDRESS	136 CANDACE DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	SHELTON, HAROLD E
STREET ADDRESS	136 CANDACE DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	SHELTON, MARCELLA
STREET ADDRESS	136 CANDACE DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 407-339-7623

Date

Daytime Phone #