

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065646

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: WOERNER DISTRIBUTORS, INC.

**Current Principal Place of Business:**

14710 COUNTY RD. 87  
ELBERTA, AL 36530

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 667497  
1541-C N. POWERLINE RD  
POMPANO BEACH, FL 330667497 US

**New Mailing Address:**

PO BOX 667497  
1541-B N. POWERLINE RD  
POMPANO BEACH, FL 330667497 US

FEI Number: 65-0855181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VENTRY, LYNNE S MS.  
955 - N NW 17TH AVE  
DELRAY BEACH, FL 33445 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WOERNER, NORMAN L  
Address: 14710 COUNTY RD 87  
City-St-Zip: ELBERTA, AL 36530

Title: PRES ( ) Delete  
Name: SCAPECCHI, VICTOR M  
Address: 10064 NW 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: CFO ( ) Delete  
Name: MCCRAINE, RAY  
Address: 14710 COUNTY RD. 87  
City-St-Zip: ELBERTA, AL 36530 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE LEIGHTON

CFO

04/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date