


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 039 ***150.00

DOCUMENT # V58895
1. Entity Name
DISTRIBUTORS' SOURCE OF FLORIDA, INC.



40042362



Principal Place of Business Mailing Address
1051 BENNETT DRIVE 121 1051 BENNETT DRIVE 121
LONGWOOD, FL 32750 US LONGWOOD, FL 32750 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1175 Florida Central Pkwy 1175 Florida Central Pkwy
Suite, Apt. #, etc. 3400 Suite, Apt. #, etc. 3400

City & State City & State
Longwood, FL Longwood, FL
Zip Country Zip Country
32750 USA 32750 USA

03072007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3138689 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MANISCALCO, DOUGLAS
1220 DOUGLAS AVE., SUITE #101
LONGWOOD, FL 32779
Name
MANISCALCO, DOUGLAS
Street Address (P.O. Box Number is Not Acceptable)
1313 S. International Pkwy # 1101
City LAKE MARY FL Zip Code 32746

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 *Douglas Maniscalco* DOUGLAS MANISCALCO 3-7-07
Signature, typed or printed name of registered agent and tax # applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKARD, STEVE 1051 BENNET DR 121 LONGWOOD, FL <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	VP DOUGLAS, GRANT W. 8945 EL PASO DR LAKE WORTH, FL 33467 <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
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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 *Samuel E. ...* 3/9/07 407-831-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #