## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V58895

FILED Mar 05, 2009 Secretary of State

Entity Name: DISTRIBUTORS' SOURCE OF FLORIDA, INC.

Principal Place o				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
RIDA CENTRAL	PKWY.			
OD, FL 32750	US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
RIDA CENTRAL	PKWY.			
OD, FL 32750	US			
r: 59-3138689	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
e named entity su e of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
	Signature of Registered Ag	ent ent	Date	
	0 0			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
ECKARD, STEVE	E DIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	Mailing Address RIDA CENTRAL DOD, FL 32750 T: 59-3138689 THE Address of Culton, DOUGLAS ITERNATIONAL RY, FL 32746 Use named entity sure of Florida. RE:  Electronic The main and the companion of Florida and the companion of Florida.  S AND DIRECT P () EECKARD, STEVE	RIDA CENTRAL PKWY.  DOD, FL 32750 US  T: 59-3138689 FEI Number Applied For ( )  THE Address of Current Registered Agent:  LCO, DOUGLAS  ITERNATIONAL PKWY.  RY, FL 32746 US  The named entity submits this statement for the period of Florida.  RE:  Electronic Signature of Registered Agent A	Mailing Address:  RIDA CENTRAL PKWY.  DOD, FL 32750 US  T: 59-3138689 FEI Number Applied For ( ) FEI Number Not Applicable ( )  Id Address of Current Registered Agent:  Name and Address of LICO, DOUGLAS ITERNATIONAL PKWY.  RY, FL 32746 US  The named entity submits this statement for the purpose of changing its registered e of Florida.  RE:  Electronic Signature of Registered Agent  mpaign Financing Trust Fund Contribution ( ).  S AND DIRECTORS:  P ( ) Delete ECKARD, STEVE  Name:	

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: STEVE ECKARD PRES 03/05/2009