

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G08207

**Entity Name:** FLORIDA STATE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

4601 S.W. 34TH STREET, STE 102  
ORLANDO, FL 32811

**Current Mailing Address:**

4601 S.W. 34TH STREET, STE 102  
ORLANDO, FL 32811

**FEI Number:** 59-2235705

**Certificate of Status Desired:** Yes

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

NEAF, MARY  
8739 LOST COVE DRIVE  
ORLANDO, FL 32819 US

*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

**Officer/Director Detail :**

Title            D  
Name            NEAF, MARY  
Address        8739 LOST COVE DRIVE  
City-State-Zip: ORLANDO FL 32819

Title            DPS  
Name            NEAF, MARY  
Address        8739 LOST COVE DRIVE  
City-State-Zip: ORLANDO FL 32819

*I hereby 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 all other like empowered.*

**SIGNATURE:** NASCO MEGEROV

**OFFICE MANAGER**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date