

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G08207

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC6362515495**

**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:** No

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

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date