

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05457

Entity Name: DISTRIBUTOR'S COUNCIL, INC.**Current Principal Place of Business:**1370 CELEBRATION BLVD.,
APT. #244
KISSIMMEE, FL 34747**Current Mailing Address:**1370 CELEBRATION BLVD.,
APT.#244
KISSIMMEE, FL 34747 US**FEI Number:** 59-2761213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRITY, WILLIAM J.
1370 CELEBRATION BLVD.,
APT. #244
KISSIMMEE, FL 34747 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	PRESIDENT
Name	BRADLEY, BEAU
Address	8220 N. INTERSTATE AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	VP
Name	BEACH, JULIE
Address	8350 SUNLIGHT DRIVE
City-State-Zip:	FISHERS IN 46037

Title	SECRETARY
Name	NICOLINO, GEORGE
Address	1133 7 ST
City-State-Zip:	OAKLAND CA

Title	AST
Name	MCNABNEY, WILLIAM J
Address	727 WYNDSOR CREEK DRIVE
City-State-Zip:	SOUTHLAKE TX 76092

Title	TREASURER
Name	HATTIER, BILL
Address	2217 RIDGELAKE DRIVE
City-State-Zip:	METAIRIE LA 70001

Title	ASSISTANT SECRETARY
Name	BOUGHTON, MARY J
Address	31 FOREST VIEW CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46034

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 JANE BOUGHTON**ASST. SECRETARY****02/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date