

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.**Current Principal Place of Business:**11205 CHALLENGER AVE
ODESSA, FL 33556**Current Mailing Address:**POST OFFICE BOX 341706
TAMPA, FL 33694-1706 US**FEI Number:** 41-2072432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARLEDGE, SAM
4341 SANDDOLLAR COURT
NEW PORT RICHEY, FL 34652 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	CEO
Name	ARLEDGE, SAM
Address	4341 SANDDOLLAR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SEC.
Name	ARLEDGE, SAM
Address	4341 SANDDOLLAR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREA
Name	ARLEDGE, SAM
Address	4341 SANDDOLLAR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRES
Name	ARLEDGE, SAM
Address	4341 SANDDOLLAR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	LORI, ARLEDGE
Address	4341 SANDDOLLAR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

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: SAM ARLEDGE**PRESIDENT****03/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date