

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.**Current Principal Place of Business:**11205 CHALLENGER AVE
ODESSA, FL 33556-3454**Current Mailing Address:**11205 CHALLENGER AVE
ODESSA, FL 33556-3454 US**FEI Number:** 41-2072432**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ARLEDGE, SAM
2845 SATURN RD
BROOKSVILLE, FL 34604 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	2845 SATURN RD.
City-State-Zip:	BROOKSVILLE FL 34604

Title	SEC.
Name	ARLEDGE, SAM
Address	2845 SATURN RD.
City-State-Zip:	BROOKSVILLE FL 34604

Title	TREA
Name	ARLEDGE, SAM
Address	2845 SATURN RD.
City-State-Zip:	BROOKSVILLE FL 34604

Title	PRES
Name	ARLEDGE, SAM
Address	2845 SATURN RD.
City-State-Zip:	BROOKSVILLE FL 34604

Title	VP
Name	LORI, ARLEDGE
Address	2845 SATURN RD.
City-State-Zip:	BROOKSVILLE FL 34604

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****03/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date