



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 299102</b> 1. Entity Name <b>DISTRIBUTORS OF FLORIDA, INC.</b>	
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Principal Place of Business <b>11341 DISTRIBUTION AVE EAST JACKSONVILLE, FL 32256</b>	Mailing Address <b>11341 DISTRIBUTION AVE EAST JACKSONVILLE, FL 32256 US</b>
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DO NOT WRITE IN THIS SPACE

	
02182004 No Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-1564919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FL CORP  
200 LAURA ST.  
JACKSONVILLE, FL 33202**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEANGELIS, ARCHIE A. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHANNPN, JR LARRY R 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESNUTT, BILLY J. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORRIGAN, EDNA D 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESNUTT, HELEN A 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHANNON, RONALD L 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256

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000000068607  
02/27/04-00048-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Billy Chesnutt **DATE:** FEB. 26, 2004 **DAYTIME PHONE #:** 904-292-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR