


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-10-2004 90030 015 ***150.00

DOCUMENT # P03000026130
 1. Entity Name
SYDNEY DISTRIBUTING INC.



66403331



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address
 7830 44TH ST. NO. 7830 44TH ST. NO.
 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **43-2002090**
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PENCE, LARRY D
4830 OSPREY DR.
104
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent
 Name **GIORGANE AUGUST SCIANDRA**
 Street Address (P.O. Box Number is Not Acceptable) **7830 44TH ST. N**
 City **PINELLAS PARK** FL **33781**

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 *Giorgane August Sciandra* DATE **2-04-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PRES	<input type="checkbox"/> Delete
NAME	SCHIANDA, CAROL S	
STREET ADDRESS	7830 44TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CWICK, JACOB R	
STREET ADDRESS	7830 44TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Carol S. Sciandra* DATE: **2-04-04** DAYTIME PHONE: **727-541-2221**