


FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 050 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000094095
 1. Entity Name
 JA-LU DISTRIBUTING COMPANY, INC.



Principal Place of Business 136 CANDACE DR MAITLAND, FL 32751 US	Mailing Address 136 CANDACE DRIVE MAITLAND, FL
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94022001



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3501323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHELTON, WILLARD L JR.
 136 CANDACE DRIVE
 MAITLAND, FL

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, ANNA M 136 CANDACE DRIVE MAITLAND, FL <i>Anna M. Shelton</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, WILLARD L JR. 136 CANDACE DRIVE MAITLAND, FL <i>W. Shelton</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, HAROLD E 136 CANDACE DRIVE MAITLAND, FL <i>Harold E Shelton</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, MARCELLA 136 CANDACE DRIVE MAITLAND, FL <i>Marcella Shelton</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *W. Shelton* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____