2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # S29962 1. Entity Name INTERNATIONAL DISTRIBUTION SYSTEMS, INC.									04-23-2004	4 90199 0-	45 ***150	0.00	
Principal Place of Business 1721 PENMAN RD. JACKSONVILLE BEACH, FL 32250 US				Mailing Address 1721 PENMAN RD. JACKSONVILLE BEACH, FL 32250 U.				ソチリもとのもの IAN					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01222004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Numb 59-304				plied For t Applicable	
Zip	Country			Zip Count				5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current								7. Name and Address of New Registered Agent					
JOHNSON, WALTER R. 2279 SEMINOLE ROAD, #8 ATLANTIC BEACH, FL 32233						Name JOHNSON WALTER R. Street Address (P.O. Box Number is Not Acceptable) 1777 BEACH AVENUE							
				1		City		WTIC B		roe FL	Zip Code	· · · ·	
the obligat	named entitions of regis	y submits this statement	t for the	purpose of manging its	s register	ed office or					amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed riams of registered ag	ent and title	if applicable. (NO)	E: Registere	d Agent signatu	re required	d when reinstating)		DATE			
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$55	0.00	9. Election Campa Trust Fund Con			\$5 Add	.00 May Be led to Fees					
10.		CTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N M	PD Delete TIT JOHNSON, WALTER R 1100 N MAIN STREET JACKSONVILLE, FL							PALTER R. H AVE EACH, FL		⊠ Change 3	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME -STREEF ADDRESS- CITY-ST-ZIP				☐ Delete	4						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STRI	E		. ,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	HE EET ADDRESS /-ST-ZIP					☐ Change	Addition	
indicated of the cor	d on this report reporation or	ne information supplied ort or supplemental repo the receiver or trustee e tachment with an addres	rt is true mpower	and accurate and that ed to execute this repor	my signa t as requ	dure shall b	ave the	same legal ette	ict as it made unde	er oath: that I a	am an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR