

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 212679

FILED  
Feb 03, 2004  
Secretary of State

Entity Name: C.G. SUAREZ DISTRIBUTING COMPANY, INC.

## Current Principal Place of Business:

10120 ELIZABETH PLACE  
PO BOX 1134  
TAMPA, FL 33601

## New Principal Place of Business:

## Current Mailing Address:

10120 ELIZABETH PLACE  
PO BOX 1134  
TAMPA, FL 33601

## New Mailing Address:

FEI Number: 59-0844182      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN, C.W. JR  
10120 ELIZABETH PLACE  
TAMPA, FL 33619

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DEAN, C.W. SR  
Address: 5 BAHAMA CIRCLE  
City-St-Zip: TAMPA, FL 33606

Title: PVPD ( ) Delete  
Name: DEAN, C W JR.,  
Address: 79 BAHAMA CIR.  
City-St-Zip: TAMPA, FL 33606

Title: STD ( ) Delete  
Name: DEAN, C.W. III  
Address: 2225 SHADE HILL CT.  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PVPD (X) Change ( ) Addition  
Name: DEAN, C W JR.,  
Address: P O BOX 1134  
City-St-Zip: TAMPA, FL 33601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEAN, CW JR.

PCPD

02/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date