2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240613

FILED Apr 30, 2004 Secretary of State

Entity Name: CONRAD YELVINGTON DISTRIBUTORS, INC.

Current F	Principal Place	of Business:	New Principal Pla	New Principal Place of Business:	
	LEVUE AVE A BEACH, FL 3	32114 US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX DAYTONA	11637 A BEACH, FL 3	321201637 US			
FEI Number	r: 59-0908399	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
YELVINGTON, CONRAD 800 BIG TREE ROAD DAYTONA BEACH, FL 32019			800 BIG TREÉ RO	YELVINGTON, CONRAD 800 BIG TREE ROAD DAYTONA BEACH, FL 32119	
	e named entity see of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:			04/30/2004	
	Electron	nic Signature of Registered A	gent	Date	
		g Trust Fund Contribution(). TORS:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS	
OFFICER Fitle: Name: Address:	S AND DIREC	TORS: Delete CONRAD, JE AVE	ADDITIONS/CHAI Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	S AND DIREC D () YELVINGTON,0 2326 BELLEVU DAYTONA BEA	TORS: Delete CONRAD, SE AVE CH, FL 32114 Delete MARGARET, SE AVE	Title: Name: Address:		
	D () YELVINGTON, 2326 BELLEVU DAYTONA BEA VP () YELVINGTON, 2326 BELLEVU DAYTONA BEA	TORS: Delete CONRAD, SE AVE CH, FL 32114 Delete MARGARET, SE AVE CH, FL 32114 Delete DARLENE SE AVE	Title: Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () YELVINGTON,0 2326 BELLEVU DAYTONA BEA VP () YELVINGTON,0 2326 BELLEVU DAYTONA BEA S () YELVINGTON, 2326 BELLEVU DAYTONA BEA	TORS: Delete CONRAD, E AVE CH, FL 32114 Delete MARGARET, E AVE CH, FL 32114 Delete DARLENE E AVE CH, FL 32114	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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:	GARY YELVINGTON	P	04/30/2004