


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 299102
 1. Entity Name
DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business Mailing Address
11341 DISTRIBUTION AVE EAST **11341 DISTRIBUTION AVE EAST**
JACKSONVILLE, FL 32256 **JACKSONVILLE, FL 32256 US**

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1564919 Not Applicable

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

6. Name and Address of Current Registered Agent
FL CORP
200 LAURA ST.
JACKSONVILLE, FL 33202

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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	C DEANGELIS, ARCHIE A. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHANNPN, JR LARRY R 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESNUTT, BILLY J. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORRIGAN, EDNA D 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESNUTT, HELEN A 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHANNON, RONALD L 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256

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 02/27/04-00048-016 150.00

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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: Billy Chenutt **FEB. 26, 2004** 904-292-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #