


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 A
Secretary of State

DOCUMENT # 299102 1. Entity Name DISTRIBUTORS OF FLORIDA, INC.	
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Principal Place of Business 11341 DISTRIBUTION AVE EAST JACKSONVILLE, FL 32256	Mailing Address 11341 DISTRIBUTION AVE EAST JACKSONVILLE, FL 32256 US
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D1262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1564919	App'ed For Not App'cable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent

FL CORP
 ONE INDEPENDENT DRIVE
 SUITE 1300
 JACKSONVILLE, FL 32202

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 must be of a duly qualified agent and the registrant. NOTE: Registered Agent signature required when relinquishing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE C NAME DEANGELIS, ARCHIE A. STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	
TITLE VP NAME BOHANNPN, JR LARRY R STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	
TITLE P NAME CHESNUTT, BILLY J. STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	
TITLE T NAME CORRIGAN, EDNA D STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	
TITLE S NAME CHESNUTT, HELEN A STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	
TITLE VP NAME BOHANNON, RONALD L STREET ADDRESS 11341 DISTRIBUTION AVE E CITY ST ZIP JACKSONVILLE, FL 32256	

01/28/05-80023-007 150.00

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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)(c), 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 or the incorporator 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 a other like empowered.

SIGNATURE: Edna D. Corrigan Edna D Corrigan 1-26-05 904-292-2271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING