


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90017 044 ***150.00

DOCUMENT # 335883 1. Entity Name DINO DISTRIBUTORS INC	
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Principal Place of Business 2456 BLANDING BLVD. PO BOX 587 MIDDLEBURG, FL 32068	Mailing Address 2456 BLANDING BLVD. PO BOX 587 MIDDLEBURG, FL 32068
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1222971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOKES, E RICHARD
3504 TRAIL RIDGE ROAD
MIDDLEBURG, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P STOKES SR., E. RICHARD 3504 TRAIL RIDGE RD MIDDLEBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERETT R. JR. 3505 HAVENWOOD RD MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STOKES, PATRICIA 3504 TRAIL RIDGE RD. MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: E. Richard Stokes **E. Richard Stokes** 4-9-04 (904) 282-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #