2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# 430526

Entity Name: DIRECT LINE DISTRIBUTORS, INC.

Current Principal Place of Business:

818 A1A NORTH
SUITE 300
PONTE VEDRA BCH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

818 A1A NORTH
SUITE 300
PONTE VEDRA BCH, FL 32082 US

New Mailing Address:

FEI Number: 59-1483045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, HAL
50 N LAURA ST 3300
JACKSONVILLE, FL 32201 US

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: PD ( ) Delete
Name: HORNE DONIS P,
Address: 818 A1A NORTH, SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD ( ) Delete
Name: HORNE ELLIOTT S,
Address: 818 A1A NORTH, SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete
Name: BROWNFIELD, THOMAS R
Address: 818 A1A NORTH, SUITE 300
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONIS P HORNE PD 03/04/2004

Electronic Signature of Signing Officer or Director Date