2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828618

FILED Jul 25, 2004 Secretary of State

Entity Name: THIGPEN DISTRIBUTING, INC.

Current Principal Place of Business:		New Principal Place of Business:		
REBEL RI PO BOX 8 TIFTON, 0				
Current Mailing Address:		New Mailing Address:		
REBEL RI PO BOX 8 TIFTON, 0				
El Number	: 58-0941816	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	ORATION SY NE ISLAND R	OAD		
PLANTAT	ION, FL 3332			. d . ff : d d
PLANTAT	ION, FL 3332		purpose of changing its registere	ed office or registered agent, or both,
PLANTAT	ON, FL 3332 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
PLANTAT The above n the Stat	ION, FL 3332 named entitye of Florida. RE:			ed office or registered agent, or both, Date
PLANTAT The above In the State GIGNATU	iON, FL 3332 named entity of Florida. RE: Electro	submits this statement for the p		
PLANTAT The above the Stat SIGNATU	iON, FL 3332 named entity of Florida. RE: Electro	submits this statement for the particle of Registered Aging Trust Fund Contribution ().	ent	
PLANTAT The above the Stat SIGNATU	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the price of Registered Agrang Trust Fund Contribution (). CTORS:) Delete THIGPEN	ent	Date
PLANTAT The above In the State BIGNATU Election Cal DFFICER Title: Jame: Jame: Jame: Jame: James	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO P (GUESS, JILL- 10 FAIRWAY TIFTON, GA	submits this statement for the price of Registered Aging Trust Fund Contribution (). CTORS:) Delete THIGPEN DR) Delete ER	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

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: JILL THIGPEN GUESS P 07/25/2004