

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005614

FILED
Apr 27, 2004
Secretary of State

Entity Name: W.H. REYNOLDS DISTRIBUTOR, INC.

Current Principal Place of Business:

5843 BARRY ROAD
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5843 BARRY ROAD
TAMPA, FL 33634

New Mailing Address:

FEI Number: 36-4388781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: LEE, EUGENE O
Address: 5843 BARRY ROAD
City-St-Zip: TAMPA, FL 33634

Title: C () Delete
Name: KEVIN, BRUCE
Address: 5949 SHERRY LN STE 815
City-St-Zip: DALLAS, TX 75225

Title: VSD () Delete
Name: WRAY, RONALD D
Address: 190 SOUTH LASALLE STREET, SUITE 2830
City-St-Zip: CHICAGO, IL 60603

Title: D () Delete
Name: EVANS, DAVID S
Address: 190 SOUTH LASALLE STREET, SUITE 2830
City-St-Zip: CHICAGO, IL 60603

Title: V () Delete
Name: HOWZE, STEPHEN
Address: 5843 BARRY ROAD
City-St-Zip: TAMPA, FL 33634

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:

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: EUGENE O LEE

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date