


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90388 009 \*\*\*150.00

<b>DOCUMENT # F02000002247</b> 1. Entity Name <b>NEPPECO DISTRIBUTING COMPANY</b>					
Principal Place of Business <b>17035 MARINA COVE LANE FORT MYERS, FL 33908</b>			Mailing Address <b>17035 MARINA COVE LANE FORT MYERS, FL 33908</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>34-0975468</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HEDGES, EDGAR W 17035 MARINA COVE LANE FT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEDGES, EDGAR W 17035 MARINA COVE LANE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEDGES, ERMA C 17035 MARINA COVE LANE FT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDOVI, NANCY 10153 BLAIR LANE KIRTLAND, OH 41094	<input type="checkbox"/> Delete (update)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANDOVI, ALI 10153 BLAIR LANE KIRTLAND, OH 41094	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mandovi, Nancy 555 Riverstone Dr Moreland Hills, OH 44022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mandovi, Nancy 555 Riverstone Dr Moreland Hills, OH 44022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mandovi, Nancy 555 Riverstone Dr Moreland Hills, OH 44022	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Edgar W. Hedges</u> <b>EdGAR W. Hedges</b> <i>President</i> <b>4/27/04</b> <b>239-446-9219</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					