

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 025 \*\*\*550.00

**DOCUMENT # F95000001150**

1. Entity Name  
**FORSHAW DISTRIBUTION, INC.**



Principal Place of Business  
**650 STATE ST  
CHARLOTTE, NC 28208**

Mailing Address  
**650 STATE ST  
CHARLOTTE, NC 28208**

**54062576**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**56-1528617**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KEBROLE, KEN R  
815-A NW 25TH AVE  
OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name  
**KEN R. KEBROLE**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME  
**VCP FORSHAW, THOMAS III** ☐ Delete  
STREET ADDRESS  
**650 STATE ST**  
CITY-ST-ZIP  
**CHARLOTTE, NC 28208**

TITLE NAME  
**VD FORSHAW, JAMES R** ☒ Delete  
STREET ADDRESS  
**650 STATE ST**  
CITY-ST-ZIP  
**CHARLOTTE, NC 28208**

TITLE NAME  
**T TRACY, JAMES F** ☐ Delete  
STREET ADDRESS  
**650 STATE ST**  
CITY-ST-ZIP  
**CHARLOTTE, NC 28208**

TITLE NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James F. Tracy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-04 (704)372-6790**  
Date Daytime Phone #