

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002977

Entity Name: A. DERRICK, INC.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

1442 KELTON DR.  
STONE MOUNTAIN, GA 30083

**New Principal Place of Business:**

4920-22 DISTRIBUTION DR.  
TAMPA, FL 33605

**Current Mailing Address:**

1442 KELTON DR.  
STONE MOUNTAIN, GA 30083

**New Mailing Address:**

4920-22 DISTRIBUTION DR.  
TAMPA, FL 33605

FEI Number: 58-1336963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANE, DERRICK B  
TAMPA DISTRIBUTING CENTER, PHASE I  
4920-22 DISTRIBUTION DR.  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

LANE, DERRICK B SR.  
TAMPA DISTRIBUTING CENTER, PHASE I  
4920-22 DISTRIBUTION DR.  
TAMPA, FL 33605 US

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: DERRICK B. LANE, SR.

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANE, DERRICK B SR  
Address: 372 WESTWINDS DR.  
City-St-Zip: PALM HARBOR, FL 346831043 US

Title: ST ( ) Delete  
Name: LANE, BRENDA M  
Address: 372 WESTWINDS DR.  
City-St-Zip: PALM HARBOR, FL 346831043 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BRENDA M. LANE

ST

01/07/2005

Electronic Signature of Signing Officer or Director

Date