

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 045 ***150.00

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1. Entity Name

DISTILLED RESOURCES, INC.



Principal Place of Business
**9053 SE ANSTIS PL
HOBE SOUND FL 33455**

Mailing Address
**PO BOX 8530
HOBE SOUND FL 33475**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0422644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLORY, EARL K
1907 COMMERCE LANE
SUITE 104
JUPITER FL 33458**

Name

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OTTLEY, PHILIP G
STREET ADDRESS 11770 SE OLD DIXIE HWY
CITY-ST-ZIP HOBE SOUND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 8530**
CITY-ST-ZIP **HOBE SOUND FL 33475**

TITLE STD ☒ Delete
NAME OTTLEY, PHILLIP
STREET ADDRESS 11770 SE OLD DIXIE HWY
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME KENNEDY, JACK
STREET ADDRESS 2001 SANTA MONICA BLVD #1265 W.
CITY-ST-ZIP SANTA MONICA CA 92408

TITLE **VP & SEC** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WELLES, DEKE
STREET ADDRESS P.O. 8530
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OTTLEY, PHILIP G JR
STREET ADDRESS PO BOX 215
CITY-ST-ZIP KETCHUM ID 83340

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

TITLE D ☐ Delete
NAME SCOTT, WILLIAM
STREET ADDRESS 134 NORTH 3300 EAST
CITY-ST-ZIP RIGBY ID 83442

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #