2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT# G08207

1. EntityName
FLORIDASTATEDISTRIBUTORS,INC.

PrincipalPlaceofBusiness	MailingAddress
4601S.W.34THSTREET,STE102 ORLANDO,FL32811	4601S.W.34THSTREET,STE102 ORLANDO,FL32811

03012004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-2235705
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

NEAF,ARTHURO.
8739LOSTCOVEDRIVE
ORLANDO,FL32819

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees.

U00000108063
04/05/04 00040 004 150.00

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	NEAF,ARTHURO.
STREETADDRESS	8739LOSTCOVEDRIVE
CITY-ST-ZIP	ORLANDO,FL
TITLE	DPS
NAME	NEAF,MARYL.
STREETADDRESS	8739LOSTCOVEDRIVE
CITY-ST-ZIP	ORLANDO,FL
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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 I am attaching a new name with an address, with all other like empowered.

SIGNATURE: Mary Neaf 4/5/04 407-841-8344
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#

Mary Neaf