2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 06, 2005 08:00 AM Secretary of State

			45	_	Saguetawy of State
DOCUMENT # G08207 1. Entitly Name FLORIDA STATE DISTRIBUTORS, INC.			Secretary of State		
Principal Place of Business 4601 S.W. 34TH STREET, STE 102 ORLANDO, FL 32811 Mailing Address 4601 S.W. 34TH STREET, STE 10 ORLANDO, FL 32811			102		T BENNT NETIN TYEK BOTY CERT EKEN NETY BINT EKEN NIKK ENNINGER IL LUNG
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03252005 No Chg-P CR2E034 (10/03) 4. FE! Number Applied For S9-2235705 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required	
NEAF, ARTHUR O 8739 LOST COVE DRIVE ORLANDO, FL 32819			DO NOT WRITE IN THIS SPACE		
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					
	and the state of t	the happineasie. (NOTE, registered	- Alter a pignation and pro-	A MICH TEMPSIAN DI	DAILE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be UNDOO0290415 04/05/05-8006)-019 150.00	
10.	OFFICERS AND DII	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAF, ARTHUR O. 8739 LOST COVE DRIVE ORLANDO, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NEAF, MARŸ L. 8739 LOST ČOVE DRIVE ORLANDO, FL		77. 		_ <u>_</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 date 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.					