

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # G82946 1. Entity Name DOUBLE EAGLE DISTRIBUTING, INC.	
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Principal Place of Business % PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH, FL 33442	Mailing Address % PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2365790	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORTHWEIN, PERCY J., II 50 LOCK RD. DEERFIELD BEACH, FL 33441	DO NOT WRITE IN THIS SPACE
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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.

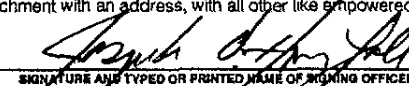
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ORTHWEIN, JAMES B., JR. 330 BANYAN ROAD GULFSTREAM, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ORTHWEIN, PERCY J. II 543 PALM WAY GULFSTREAM, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HORSFALL, JOSEPH 6051 NW 68TH ST PARKLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PRICE, JAMES D 4932 NW 55 BLVD COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **JOSEPH D. HORSFALL** 1/4/2005 (954) 312-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #