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.

Principal Place of Business	Mailing Address
% PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH, FL 33442	% PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH, FL 33442

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORTHWEIN, JAMES B., JR.
STREET ADDRESS	330 BANYAN ROAD
CITY-ST-ZIP	GULFSTREAM, FL
TITLE	VST
NAME	ORTHWEIN, PERCY J. II
STREET ADDRESS	543 PALM WAY
CITY-ST-ZIP	GULFSTREAM, FL
TITLE	V
NAME	HORSFALL, JOSEPH
STREET ADDRESS	6051 NW 68TH ST
CITY-ST-ZIP	PARKLAND, FL
TITLE	V
NAME	PRICE, JAMES D
STREET ADDRESS	4932 NW 55 BLVD
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 JOSEPH D. HORSFALL 1/4/2005 (954)312-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #