


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90157 001 \*\*\*300.00

**DOCUMENT # H40836**  
 1. Entity Name  
 DOLPH DISTRIBUTING COMPANY, INC.



Principal Place of Business % GERALD M. LINKER 2401 N STATE RD 7 MARGATE, FL 33063	Mailing Address % GERALD M. LINKER 2401 N STATE RD 7 MARGATE, FL 33063
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**DO NOT WRITE IN THIS SPACE**

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02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2497591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LINKER, GERALD M.  
 2401 N STATE RD 7  
 MARGATE, FL 33063

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINKER, GERALD M. 2401 N. STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINKER, GERALD M. 2401 N. STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINKER, JONATHAN 2401 N STATE RD 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINKER, DEBBIE 2401 N STATE RD 7 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sterneck, Steven 2401 N. STATE Rd 7 Margate, FL 33063
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:** Gerald M. Linker **Gerald M. Linker** 3-25-05 954-973-3220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #