## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # H66204 1. Entity Name 04-21-2004 90080 040 \*\*\*150 00 DISTINCTIVE ENTERPRISES, INC. Principal Place of Business Mailing Address 2030 OLD DIXIE HWY SW 460 10TH ST. SW VERO BEACH FL 32962 VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Ant # etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2572312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 1601 20TH STREET VERO BEACH FL 32960 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME BEAUMIER, EDWARD NAME 460 10TH ST SW STREET ADDRESS STREET ADDRESS VERO BCH FL 32962 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEAUMIER, EDWARD NAME NAME STREET ADDRESS 460 10TH ST SW STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32962 CITY-ST-ZIP ☐ Delete . Change ... D Addition. TITLE TITLE NAME BEAUMIER, EDWARD NAME STREET ADDRESS 460 10TH ST SW STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32962 CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ☐ Addition BEAUMIER, EDWARD NAME NAME 460 10TH STREET SW STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

772-562-4700