

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J05457

1. Entity Name  
DISTRIBUTOR'S COUNCIL, INC.



**FILED  
Mar 15, 2005 8:00 am  
Secretary of State**

03-15-2005 90018 043 \*\*\*150.00

40032157



03112005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
6053 LEXINGTON PARK ORLANDO, FL 32819		6053 LEXINGTON PARK ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GARRITY, WILLIAM J. 6053 LEXINGTON PK ORLANDO, FL 32819			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			

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 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

10. OFFICERS AND DIRECTORS

TITLE		NAME		TITLE		NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	JONES, DAVID P	<input checked="" type="checkbox"/> Delete	NAME	Paul A. Nickel	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	
STREET ADDRESS	195 ELM STREET		STREET ADDRESS	2024 W. Henrietta Rd. Bldg. 6A				STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 14203		CITY-ST-ZIP	ROCHESTER, NY 14623				CITY-ST-ZIP	
NAME	O'HARA, WILLIAM	<input type="checkbox"/> Delete	NAME	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME		
STREET ADDRESS	2217 RIDGELAKE DR		STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA		CITY-ST-ZIP				CITY-ST-ZIP		
NAME	NICOLINO, GEORGE	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME		
STREET ADDRESS	1133 7 ST		STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA		CITY-ST-ZIP				CITY-ST-ZIP		
NAME	AST	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME		
STREET ADDRESS	GARRITY, WILLIAM J.		STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	6053 LEXINGTON PARK		CITY-ST-ZIP				CITY-ST-ZIP		
NAME	ORLANDO, FL		NAME				NAME		
NAME	DS	<input type="checkbox"/> Delete	NAME	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME		
STREET ADDRESS	LEGGETT, TODD		STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	211 N. UNION ST., #350		CITY-ST-ZIP				CITY-ST-ZIP		
NAME	ALEXANDRIA, VA 22314		NAME				NAME		
NAME	DT	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME		
STREET ADDRESS	BRADLEY, BEAU		STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	1975 SW 6TH AVENUE		CITY-ST-ZIP				CITY-ST-ZIP		
NAME	PORLAND, OR 97201		NAME				NAME		

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:

*Mary Jane Boughton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mary Jane Boughton, Assistant Secretary

3/11/05 (407) 876-0929

Date

Daytime Phone #