


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019765</b> 1. Entity Name ICD DISTRIBUTION, LLC	
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Principal Place of Business 1812 E. MALLORY ST. PENSACOLA, FL 32503	Mailing Address 1812 E. MALLORY ST. PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0631674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S  
3 WEST GARDEN ST., STE. 700  
PENSACOLA, FL 32501

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAUER, CHERYL H 1812 E. MALLORY ST PENSACOLA, FL 32503
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04/05/04-80077-014 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**  CHERYL H. LAUER 01 APR (850) 529-8495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #