2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# M81723

Entity Name: SCHELLENBERG DISTRIBUTION COMPANY

Current Principal Place of Business:

9810-3 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

4479 DEERWOOD LAKE PKWY
4
JACKSONVILLE, FL 32216

Current Mailing Address:

9810-3 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Mailing Address:

4479 DEERWOOD LAKE PKWY
4
JACKSONVILLE, FL 32216

FEI Number: 59-2894690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDS, KEITH M.
1506 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHELLENBERG, THOMAS, G.
Address: 4518 KINCARDINE DR.
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: SCHELLENBERG, WILLIA, M J.
Address: 5711-16 BOWDEN ROAD
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: SCHELLENBERG, CATHER, INE
Address: 4518 KINCARDINE DR.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHELLENBERG, THOMAS, G.
Address: 4518 KINCARDINE DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change ( ) Addition
Name: SCHELLENBERG, WILLIA, M J.
Address: 6842 SAN SABASTIAN
City-St-Zip: JACKSONVILLE, FL 32217

Title: T (X) Change ( ) Addition
Name: SCHELLENBERG, CATHER, INE
Address: 4518 KINCARDINE DR.
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J SCHELLENBERG P 04/15/2004

Electronic Signature of Signing Officer or Director — Date