

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90002 023 ***150.00

DOCUMENT # P00000040525

1. Entity Name
E & S DISTRIBUTING, CO.



Principal Place of Business
P O BOX 770482
OCALA, FL 34477

Mailing Address
P O BOX 770482
OCALA, FL 34477

44018328

2. Principal Place of Business
10340 S.W. 61ST. TERR. RD.
Suite, Apt. #, etc.

3. Mailing Address
10340 S.W. 61ST. TERR. RD.
Suite, Apt. #, etc.



01172004 Chg-P CR2E034 (10/03)

City & State
OCALA, FL

City & State
OCALA, FL

Zip
34476-8945

Country

Zip
34476-8945

Country

4. FEI Number
59-3648559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent
GILL, S RAY
613 SE FT KING ST
OCALA, FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROEGE, AUGUST E P O BOX 770482 OCALA, FL 34477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Sandra D. Droege Date: 3-13-04 Daytime Phone #: 352-861-5685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA D. DROEGE, PRESIDENT