


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000084050		
1. Entity Name INTER COUNTRY DISTRIBUTING, INC.		

Principal Place of Business 4595 LEXINGTON AVE. JACKSONVILLE FL 32210	Mailing Address 4595 LEXINGTON AVE. JACKSONVILLE FL 32210
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3667505	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WELLS, MARIE 4595 LEXINGTON AVE. JACKSONVILLE FL 32210	

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	GARNER, RON
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	VP MILNE, JOEY
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	VP GARNER, ANDY
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	T WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	S MILNE, DOUG
STREET ADDRESS	4595 LEXINGTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Marie Wells</i> MARIE WELLS <i>4/29/05</i> <i>904-387-6770</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR