


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000034721	
1. Entity Name ANSELMO'S DISTRIBUTING, INC.	

Principal Place of Business 2540 ACADEMY AVE DELTONA, FL 32738	Mailing Address 2540 ACADEMY AVE DELTONA, FL 32738
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**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-P CR2E034 (10/03)

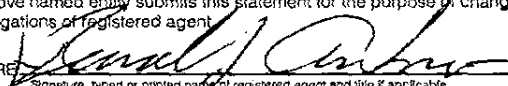
4. FEI Number 59-3706501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANSELMO, RANDY J  
140 ORCHID WOODS COURT #16C  
DELTONA, FL 32725

**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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

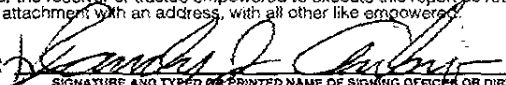
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANSELMO, RANDY J 2540 ACADEMY AVE DELTONA, FL 32738
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U00000167981  
07/23/04-80004-022 150.00

U00000167981  
07/23/04-80004-023 8.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR