## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P01000040165 1. Entity Name RGR DISTRIBUTORS, INC. Principal Place of Business Mailing Address PO BOX 272298 PO BOX 272298 TAMPA, FL 33688 **TAMPA, FL 33688** No Chg-P 04272005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3712035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAYOT, ROBERT G DO NOT WRITE 15609 TIMBERLINE DRIVE TAMPA, FL 33624 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAYOT, ROBERT G PO BOX:272298 STREET ADDRESS U00000341745 CITY -ST-ZIP **TAMPA, FL 33688** 04/29/05-80028-017 158.75 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP TITLE IN THIS SPACE NAME STREET ADORESS CRTY -ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZP me NAME STREET ADDRESS CITY-ST ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f). 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 expect this report as required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and the supplemental report is required by Chapter 607, Florida Statutes. I further certify that the information indicated in the supplemental report is required by the supplemental repor Romere - & Rayo, (813) 857.4737 KESIDENV

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Davetime Phone #