
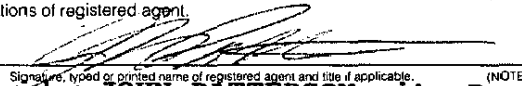



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 023 ***150.00

DOCUMENT # P01000047020 1. Entity Name CENCO DISTRIBUTING CORPORATION					
Principal Place of Business 1925 WHITFIELD PARK LOOP SARASOTA, FL 34243			Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-1107938				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 PATTERSON, JOHN 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 City SARASOTA FL Zip Code 34236		
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  by JOHN PATTERSON, its President (NOTE: Registered Agent signature required when reinstating) DATE 3/23/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST DILLINGHAM, BRAD 1925 WHITFIELD PARK LOOP SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ULRICH, ROBERT 1925 WHITFIELD PARK LOOP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 			(941) 753-2520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRAD DILLINGHAM, President			Date Daytime Phone #		

24068128



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