

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 007 ***150.00

DOCUMENT # P02000022021

1. Entity Name
HSD DISTRIBUTING, INC.



Principal Place of Business

~~6468 SOUTH TEX POINT~~
HOMOSASSA, FL 34448

Mailing Address

~~6468 SOUTH TEX POINT~~
HOMOSASSA, FL 34448

2. Principal Place of Business

7362 W. INDUSTRIAL LANE

3. Mailing Address

7362 W INDUSTRIAL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

01-0614594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLICKER, SAMUEL J

~~6468 SOUTH TEX POINT~~
~~HOMOSASSA, FL 34448~~

Name

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

5 BEVERLY COURT

City

HOMOSASSA

FL

Zip Code

34446

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

[Signature]

STOLICKER PRES

1.30.04

Signature typed or printed name of registered agent and title if applicable.

(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

TITLE PD ☐ Delete

NAME STOLICKER, SAMUEL J
STREET ADDRESS ~~6468 SOUTH TEX POINT~~
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE VD ☐ Delete

NAME DONNELLY, EMMETT
STREET ADDRESS ~~6468 SOUTH TEX POINT~~
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE TSD ☐ Delete

NAME HAUTER, RONALD H
STREET ADDRESS 6468 SOUTH TEX POINT
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 5 BEVERLY COURT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 6 BIRCHTREE ST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

EMMETT DONNELLY VP

1.30.04

352 628 5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #