2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State

		Ailiton				,	_	Sacra	tary of S	toto	
DOCUMENT # P02000025597 1. Entity Name COLLINS DISTIBUTORS, INC.								Secre	tary of S	late	
Principal Place of Business				Mailing Address			7				
14015 SHADY SHORES DRIVE TAMPA, FL 33613			1	14015 SHADY SHORES DRIVE TAMPA, FL 33613			{			ESSI (188 3 88) SS 3 88 (
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt # etc			03062004	Chg-P	CR2E034 (10/		
City & State				City & State			4. FEI Numb 01-068			Applied For Not Applicab	яlе
Zip	Country			Zip Coun		stry		of Status Desired	Fee Rec	Additional puired	
6. Name and Address of Current i				tered Agent		7. Name and	Address of New R	egistered Agent			
0011110	11A) D					Name					
COLLINS, HAL D 14015 SHADY SHORES DRIVE TAMPA, FL 33613					Street Address	t Address (P.O. Box Number is Not Acceptable)					
						City		· · · · · · · · · · · · · · · · · · ·	FL Zip	Code	
8 The above	named entit	ty submits this statemen	t for the r	et naimaedo la ezonua	register	ed office or registe	red agent or ho	in the State of Fig		rance bne dilw	
		tered agent	ב, פותייטו זו	iorpose or crianging no	, ognator	ed office of registe	red agent, or oc	ni, iii iile state or i ic	side, i dili jajima	min, and accep	л.
SIGNATURE_	Signature types	t or printed name of registered as	out and tue	TOH) side-ridge t	E Registere	d Agunt signatura require	đ và en rorostaling)		DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution							.00 May Be ded to Fees				
10.		OFFICERS A	ND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
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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 suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of District Phone #											