2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90057 002 ***150.00

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1. Entity Name
DAVID PLAUCHE DISTRIBUTING, INC.

54029399

Principal Place of Business	Mailing Address
5817 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408	5817 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3804 TREASURE CIR.	3804 TREASURE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH, FL	City & State: PANAMA CITY BEACH, FL
Zip: 32408 Country: U.S.	Zip: 32408 Country: U.S.

4. FEI Number: 01-0645338 ☐ Applied For ☐ Not Applicable

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
PLAUCHE, DAVID L 5817 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408	Name Street Address (P.O. Box Number is Not Acceptable): 3804 TREASURE CIR. City: PANAMA CITY BEACH FL Zip Code: 32408

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] PRESIDENT 4/07/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAUCHE, DAVID L 5817 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT 3804 TREASURE CIR. PANAMA CITY BEACH, FL 32408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAUCHE, ALICE M 5817 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 7130 MELISSA DR. PANAMA CITY BEACH, FL 32407	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLAUCHE, CHANTELLE P.O. BOX 9135 PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 7130 MELISSA DRIVE PANAMA CITY BEACH, FL 32407	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] PRESIDENT 04/07/04 (850) 814-4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #