2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000027438

1. Entity Name
DAVID PLAUCHE DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
3804 TREASURE CIRCLE PANAMA CITY BEACH, FL 32408	3804 TREASURE CIRCLE PANAMA CITY BEACH, FL 32408

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

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

PLAUCHE, DAVID L
3804 TREASURE CIRCLE
PANAMA CITY BEACH, FL 32408

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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, 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLAUCHE, DAVID L
STREET ADDRESS	3804 TREASURE CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	PLAUCHE, ALICE M
STREET ADDRESS	7130 MELISSA DR.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	D
NAME	PLAUCHE, CHANTELLE
STREET ADDRESS	7130 MELISSA DR.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000174843
01/10/05-80027-018 150.00

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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 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: David Plauche DAVID PLAUCHE PRESIDENT (850) 814-4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #