


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

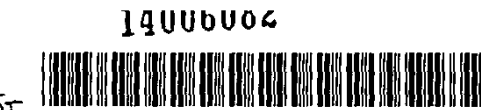
**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90209 019 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000050027</b>                        |  |
| 1. Entry Name<br><b>R &amp; K DISTRIBUTOR'S, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>34 SANTA BARBARA ST<br/>YULEE, FL 32097</b> | Mailing Address<br><b>34 SANTA BARBARA ST<br/>YULEE, FL 32097</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>86109 SANTA BARBARA ST</b> | 3. Mailing Address<br><b>86109 SANTA BARBARA ST</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                 |
| City & State<br><b>Yulee FL</b>                                 | City & State<br><b>Yulee FL</b>                     |
| Zip<br><b>32097</b>   | Country<br><b>NASSAU</b>                            |



04252005 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>47-0881480</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>FLAHERTY, RAYMOND<br/>3521 RANDALL ST<br/>JACKSONVILLE, FL 32205</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>FLAHERTY RAYMOND</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>86109 SANTA BARBARA ST.</b><br>City <b>Yulee</b> FL Zip Code <b>32097</b> |  |
|---|--|

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 *Raymond Flaherty* DATE **4-26-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FLAHERTY, RAYMOND<br>3521 RANDALL ST<br>JACKSONVILLE, FL 32205<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FLAHERTY, KIM<br>3521 RANDALL ST<br>JACKSONVILLE, FL 32205<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>FLAHERTY, BRITTANY<br>3521 RANDALL ST<br>JACKSONVILLE, FL 32205<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Raymond Flaherty* DATE **4-26-05** DAYTIME PHONE # **904-585-7822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR