

**4 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

MENT # P02000085464

A4F SODA DISTRIBUTORS, INC.



04 MAY 17 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/23/04 90208 015 \$150.00
66422146

Principal Place of Business 7931 BENGAL LN NEW PORT RICHEY, FL 34654	Mailing Address 7931 BENGAL LN NEW PORT RICHEY, FL 34654
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03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

Unit #6

5910 Pine Hill Rd, NPK, FL 34668

4. FEI Number 51-0419291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FERRUGIA, JOSEPH
~~7931 BENGAL LN~~ 5910 Pine Hill Rd #6
~~NEW PORT RICHEY, FL 34654~~ New Port Richey, FL
34856-2382

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)

**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	D
NAME	FERRUGIA, JOSEPH
STREET ADDRESS	7931 BENGAL LN
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	5910 Pine Hill Rd
STREET ADDRESS	Unit #6
CITY-ST-ZIP	Port Richey FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 be an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* x 8/11/04 X8475474
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR