
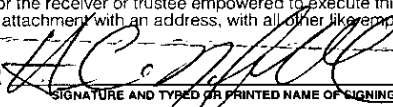


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90011 014 \*\*\*150.00

|   |  |   |   |   |                                     |
|---|--|---|---|---|-------------------------------------|
| <b>DOCUMENT # P02000094864</b><br>1. Entity Name<br><b>DUFFY NEUFELD DISTRIBUTING CO</b>  |  |   |   |                |                                     |
| Principal Place of Business<br><b>230 MAPLEWOOD DR<br/>MAITLAND, FL 32751</b>   |  |   | Mailing Address<br><b>230 MAPLEWOOD DR<br/>MAITLAND, FL 32751</b>   |   |                                     |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |                                     |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |                                     |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>55-0808668</b>  |                                     |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>NEUFELD, HARVEY C<br/>230 MAPLEWOOD DR<br/>MAITLAND, FL 32751</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City <b>FL</b> Zip Code _____ |   |                                     |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |   |   |   |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    |                                     |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PS<br/>NEUFELD, HARVEY C<br/>230 MAPLEWOOD DR.<br/>MAITLAND, FL 32751</b> | <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"/> Change <input type="checkbox"/> Addition   |   |   |                                     |
| 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"/> Change <input type="checkbox"/> Addition   |   |   |                                     |
| 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"/> 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. |  |   |   |   |                                     |
| <b>SIGNATURE:</b>    |  |   |   |   |                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date <b>7-8-04</b>  |   | Daytime Phone # <b>407-834-8968</b> |