

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PD 172

DOCUMENT # P02000119430	
1. Entity Name F SERIES DISTRIBUTING, INC.	



FILED

04 SEP -2 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR



Principal Place of Business 2459 CHENEY HWY #89-90 TITUSVILLE, FL 32780 US	Mailing Address 2459 CHENEY HWY #89-90 TITUSVILLE, FL 32780 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08112004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0538676	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONNELL, FRANKLIN J 380 MAPLE PLACE TITUSVILLE, FL 32780		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	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 NAME STREET ADDRESS CITY-ST-ZIP	P CONNELL, FRANKLIN J 380 MAPLE PLACE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100040968621 09/10/04--01063--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNELL, FRANKLIN J 380 MAPLE PLACE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNELL, FRANKLIN J 380 MAPLE PLACE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, FRANKLIN J 380 MAPLE PLACE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:	Date: 8/24/04	Daytime Phone #
------------	---------------	-----------------

Pg 282

F SERIES DISTRIBUTING INC
2459 CHENEY HIGHWAY #89-90
TITUSVILLE, FLORIDA 32780

August 5, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Ms. Glenda E Hood

Dear Ms Hood,

It was never my intent to let my corporation go to dissolution. The first time I realized that was about to happen was when I received your notice. I never received any other correspondence from your office. I am asking for your help in accepting the normal fee of \$150.00 (enclosed check).

Thank you in advance for any consideration you may give me.

Sincerely,

F SERIES DISTRIBUTING INC



FRANKLIN J CONNELL