

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

FILED
Feb 04, 2004
Secretary of State

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.

Current Principal Place of Business:

923 TUSCANNY STREET
BRANDON, FL 33511 US

New Principal Place of Business:

1510 31ST STREET N
TAMPA, FL 33605 US

Current Mailing Address:

923 TUSCANNY STREET
BRANDON, FL 33511 US

New Mailing Address:

POST OFFICE BOX 341706
TAMPA, FL 336941706 US

FEI Number: 41-2072432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARLEDGE, SAM
923 TUSCANNY STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

ARLEDGE, SAM
19013 FERN MEADOW LOOP
LUTZ, FL 33558 US

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.

SIGNATURE: SAM ARLEDGE

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: ARLEDGE, SAM
Address: 923 TUSCANNY STREET
City-St-Zip: BRANDON, FL 33511

Title: SEC. () Delete
Name: ARLEDGE, SAM
Address: 923 TUSCANNY STREET
City-St-Zip: BRANDON, FL 33511 US

Title: TREA () Delete
Name: ARLEDGE, SAM
Address: 923 TUSCANNY STREET
City-St-Zip: BRANDON, FL 33511 US

Title: DIR. () Delete
Name: ARLEDGE, JAMES E
Address: 300 SHERWOOD FOREST DRIVE
City-St-Zip: WOODVILLE, TX 75979 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: SEC. (X) Change () Addition
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558 US

Title: TREA (X) Change () Addition
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM ARLEDGE

PRES

02/04/2004

Electronic Signature of Signing Officer or Director

Date