


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000027634
 1. Entity Name
 CHELI DISTRIBUTION CENTER, INC.



Principal Place of Business
 1801 HERMITAGE BOULEVARD
 SUITE 600
 TALLAHASSEE, FL 32308

Mailing Address
 1801 HERMITAGE BOULEVARD
 SUITE 600
 TALLAHASSEE, FL 32308



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 27-0050164

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TODD, DAVID E
 1801 HERMITAGE BOULEVARD
 SUITE 600
 TALLAHASSEE, FL 32308

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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
After May 1, 2005 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	BENNETT, DOUGLAS W
STREET ADDRESS	1801 HERMITAGE BLVD. #600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPAS
NAME	SMITH, JEFFREY L
STREET ADDRESS	1801 HERMITAGE BLVD. #600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPAT
NAME	GRAY, LYNNE M
STREET ADDRESS	1801 HERMITAGE BLVD. #600
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPTA
NAME	WEAVER, REGINA
STREET ADDRESS	8750 N. CENTRE EXPWY #800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	P
NAME	SMITH, G. ANDREWS
STREET ADDRESS	8750 N. CENTRAL EXPWY #800
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	VPS
NAME	FARALDO, MARK P
STREET ADDRESS	8750 N CENTRAL EXPWY #800
CITY-ST-ZIP	DALLAS, TX 75231

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 02/02/05-80015-011 150.00

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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: Mark P. Faraldo Mark P. Faraldo 1/25/05 / 214 4890800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #