## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90192 015 \*\*\*150.00

## **DOCUMENT # P03000032864** 1. Entity Name FARLOW DISTRIBUTION SYSTEMS, INC. Principal Place of Business Mailing Address 94070136 3095 HARLOCK RD 3095 HARLOCK RD MELBOURNE, FL 32934 MELBOURNE, FL 32934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0683228 Not Applicable Zip ... Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent onal a ALRON ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 NARRGANSETT ST, NE PALM BAY, FL 32907 Harlock City 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 the obligations of registr SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE n ☐ Delete TITLE Change . ☐ Addition arlow, Donald D 3095 Harlock Rd NAME FARLOW, DONALD D NAME STREET ADDRESS 3095 HARLOCK RD STREET ADDRESS 32934 CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP melbour Delete TITLE Change Addition TITLE NAME NAME 3095 Harlock STREET ADDRESS STREET ADDRESS FL 32934 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete NAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.