

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State


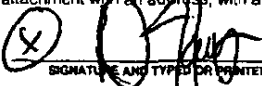
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MOORE CR2E034 (11/03)

DOCUMENT # P03000056287			
1. Entity Name DND DISTRIBUTING, INC.			
Principal Place of Business 225 S. TROPICAL TRAIL APT. #418 MERRITT ISLAND FL 32952		Mailing Address 225 S. TROPICAL TRAIL APT. #418 MERRITT ISLAND FL 32952	
2. Principal Place of Business 27296 S.E. Hwy 42		3. Mailing Address 27296 S.E. Hwy 42	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Umatilla, FL		City & State Umatilla, FL	
Zip 32784	Country Marion	Zip 32784	Country Marion
4. FEI Number 55-0830872		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAAS, DAVID 225 S. TROPICAL TRAIL APT. #418 MERRITT ISLAND FL 32952		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 27296 S.E. Hwy 42 City Umatilla FL Zip Code 32784	
B. 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, DAVID 225 S. TROPICAL TRAIL APT. #418 MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27296 S.E. Hwy 42 Umatilla, FL 32784
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
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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:  David Haas		Date 3/17/04 Daytime Phone # 321 243 7930	