2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P03000068069

Entity Name: SCHEER DISTRIBUTING, INC.

Current Principal Place of Business:

16605 SCHEER BLVD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

16605 SCHEER BLVD
HUDSON, FL 34667

New Mailing Address:

P.O. BOX 5158
HUDSON, FL 34674 US

FEI Number: 57-1177324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, HELEN G
16605 SCHEER BLVD
HUDSON, FL 34667

Name and Address of New Registered Agent:

LOVELL, HELEN G
11735 WAYSIDE WILLOW CT.
HUDSON, FL 34667

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: _____ 04/12/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOVELL, HELEN G
Address: 16605 SCHEER BLVD
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: LOVELL, WILLIAM P
Address: 16605 SCHEER BLVD
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: MORAN, RONALD W
Address: 415 EAST CHADWICK DRIVE
City-St-Zip: MUSKEGON, MI 49445

Title: D ( ) Delete
Name: USELIS, ANTON W
Address: 30 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOVELL, HELEN G
Address: 11735 WAYSIDE WILLOW CT.
City-St-Zip: HUDSON, FL 34667

Title: V (X) Change ( ) Addition
Name: LOVELL, WILLIAM P
Address: 11735 WAYSIDE WILLOW CT.
City-St-Zip: HUDSON, FL 34667

Title: V (X) Change ( ) Addition
Name: MORAN, RONALD W
Address: 415 EAST CHADWICK DRIVE
City-St-Zip: MUSKEGON, MI 49445

Title: VS (X) Change ( ) Addition
Name: USELIS, ANTON W
Address: 30 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: HELEN LOVELL P 04/12/2004
Electronic Signature of Signing Officer or Director — Date