

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90159 025 \*\*\*150.00

**DOCUMENT # P03000093634**

1. Entity Name  
**STRAIGHT LINE DISTRIBUTORS, INC.**



Principal Place of Business  
**1019 TRIANGLE STREET  
LAKELANE, FL 33805**

Mailing Address  
**1019 TRIANGLE STREET  
LAKELANE, FL 33805**

**50024476**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1682365**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COMBEE, B. KEITH  
5415 SUNSET WAY N.  
LAKELAND, FL 33805**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(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 **P**  
NAME **BARNES, J. REGINALD**  
STREET ADDRESS **207 GARDNER LANE**  
CITY-ST-ZIP **POWELL, TN 37849**

TITLE **VPST**  
NAME **COMBEE, B. KEITH**  
STREET ADDRESS **5415 SUNSET WAY N**  
CITY-ST-ZIP **LAKELANE, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/05**  
Date

Daytime Phone #