

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099494

FILED  
May 01, 2004  
Secretary of State

**Entity Name:** CENTRAL FLORIDA DISTRIBUTING SERVICE, INC.

**Current Principal Place of Business:**

5740 MARKHAM WOODS RD  
LAKE MARY, FL 32746

**New Principal Place of Business:**

1080 AMANDA KAY CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

5740 MARKHAM WOODS RD  
LAKE MARY, FL 32746

**New Mailing Address:**

PO BOX 350  
SANFORD, FL 32772 US

**FEI Number:** 26-7793484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMARCIK, LORRIE  
5740 MARKHAM WOODS RD  
LAKE MARY, FL 32746

**Name and Address of New Registered Agent:**

KRAMARCIK, LORRIE  
1080 AMANDA KAY CIRCLE  
SANFORD, FL 32771

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: LORRIE KRAMARCIK

05/01/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: KRAMARCIK, LORRIE  
Address: 5740 MARKHAM WOODS RD  
City-St-Zip: LAKE MARY, FL 32746

Title: VT ( ) Delete  
Name: KRAMARCIK, EDWARD  
Address: 5740 MARKHAM WOODS RD  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: KRAMARCIK, LORRIE  
Address: 1080 AMANDA KAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: VT (X) Change ( ) Addition  
Name: KRAMARCIK, EDWARD  
Address: 1080 AMANDA KAY CIRCLE  
City-St-Zip: SANFORD, FL 32771

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: LORRIE KRAMARCIK

PS

05/01/2004

Electronic Signature of Signing Officer or Director

Date