


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91019 045 ***150.00

DOCUMENT # P03000158361	
1. Entity Name DICK MCKAY DISTRIBUTORS. INC.	

Principal Place of Business 338 WOODVALE DR VENICE FL 34293	Mailing Address 338 WOODVALE DR VENICE FL 34293
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2. Principal Place of Business 7887 SE 167 MISTWOOD LANE	3. Mailing Address 7887 SE 167 MISTWOOD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State THE VILLAGES, FL	City & State THE VILLAGES, FL
Zip 32162	Country MARION
Zip 32162	Country MARION



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent RENAISSANCE TAX & BUSINESS SERVICES, INC. 2357-3 S TAMIAMI TRAIL SUITE 201 VENICE FL 34293	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) 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. ☐ **\$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 MCKAY, RICHARD 338 WOODVALE DR VENICE FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, ARLENE 7887 SE 167 MISTWOOD LANE THE VILLAGES, FL 32162
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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: Richard R McKay 4/21/04 352-751-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #