

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90342 005 ***150.00

DOCUMENT # P00000014615					
1. Entry Name A RAG CO. DISTRIBUTORS INC.					
Principal Place of Business 1281 SW 28 AVE BOYNTON BEACH, FL 33426			Mailing Address SAME		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent ROBRICK, DANIEL 1801 S FEDERAL HWY DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S FEDERAL HWY City DELRAY BEACH, FL Zip Code 33483	
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!!! FEES \$150.00 After May 1, 2005 Fee Will Be \$200.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P ROBRICK, DANIEL 1801 S. FEDERAL HWY DELRAY BEACH, FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VP CALLEN BUARICK 1281 SW 28 AVE BOYNTON BEACH, FL 33426	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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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: Daniel S Robrick				Date: 4-14-05 (561) 278-4150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					