

2005 FOR PROFIT CORPORATION ANNUAL REPORT

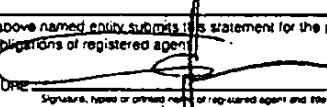
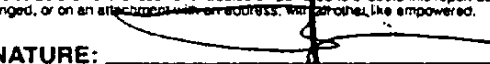
6/17/2005-90002-037-\$150.00-\$150.00 *
7/15/2005-90018-033-\$400.00-\$400.00

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DOCUMENT # P04000083643					
1. Entity Name GREAT DISTRIBUTION USA, INC.					
Principal Place of Business 1417 DEL PRADO BLVD 469 CAPE CORAL, FL 33990			Mailing Address 1417 DEL PRADO BLVD 469 CAPE CORAL, FL 33990		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEBSACKER, GERT 22 PATIO DE LEON FORT MYERS, FL 33991				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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  PRESIDENT 06/15/05 DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HEBSACKER, GERT		NAME		
STREET ADDRESS	1417 DEL PRADO BLVD 469		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33990		CITY- ST- ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HORVATH, LLOYD E		NAME		
STREET ADDRESS	1417 DEL PRADO BLVD 469		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33990		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 a photo, like empowered.					
SIGNATURE: 			06/15/05 239-826-4861		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

M. Williams AUG 29 2005