

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90009 032 \*\*\*150.00

**DOCUMENT # P26502**

1. Entity Name

SPECIALIZED DISTRIBUTORS, INC.



Principal Place of Business

12100 31 COURT NORTH  
SAINT PETERSBURG FL 33716

Mailing Address

12100 31 COURT NORTH  
SAINT PETERSBURG FL 33716

**54016892**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2995278

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, JAMES K  
12100 31 COURT NORTH  
SAINT PETERSBURG FL 33716

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

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, 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

TITLE CPD ☐ Delete  
NAME ALLEN, JAMES K  
STREET ADDRESS 12100 31 CT N  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE V ☐ Delete  
NAME THOMPSON, GEORGE W  
STREET ADDRESS 12100 31 CT NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE S ☐ Delete  
NAME ALLEN, JAMES G  
STREET ADDRESS 12100 31 CT NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE T ☐ Delete  
NAME BURCH, DIANA G  
STREET ADDRESS 12100 31 CT NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE AS ☐ Delete  
NAME RAY, HARRY B  
STREET ADDRESS 6391 49TH STREET N.  
CITY-ST-ZIP PINELLAS PARK FL 34565

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

**SIGNATURE:**

*JAMES K ALLEN*  
*James K Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 22, 2004 727 561 0100*  
Date Daytime Phone #