2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P29831 1. Entity Name

FILED Jan 16, 2004 08:00 AM Secretary of State

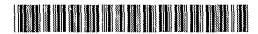
Principal Place of Business

ST. KILLIAN IMPORTING CO., INC.

ELDER AVE EXT. KINGSTON, MA 02364 Mailing Address

P.O. BOX K

KINGSTON, MA 02364



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3059660

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL DISTRIBUTING CO 4901 SAYARESE DR

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1AMPA, FL 33634			IN THIS SPACE		
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 Agen				required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGUE, HENRY R., JR. 38 SANDERSON DR. PLYMOUTH, MA				1100000006317 01/16/04-80026-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHEEHAN, MARGARET E. 4 ATHERTON RD. WINCHESTER, MA				01/15/04-80026-025 150.00
NAME STREET ADDRESS CITY-ST-ZIP	T MACDONALD, DOUGLAS S. POPPLE BOTTOM RD. SANDWICH, MA		· · · · · · · · · · · · · · · · · · ·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEENAN, CHRISTOPHER 183 WASHINGTON ST DUXBURY, MA			IN T	THIS SPACE
TITLE RAME STREET ADDRESS CITY-S1-ZIP	D SHEEHAN, GERALD V ELDER AVE KINGSTON, MA 02364				
TITLE NAME STREET ADDRESS CRY-ST-ZIP					O. Clarke, Charles & Earling and St. Mark Harles
12. I hereby certify that the information supplied with this filling 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.					