2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P93000025626

Entity Name: CAREFREE SALT DISTRIBUTORS, INC.

Current Principal Place of Business:

1632-C HERCULES AVE N.
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1168
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-3171513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASACELI, EDMUND
1632-C HERCULES AVE N
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASACELI, EDMUND
Address: 2118 SALISBURY CT
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: CASACELI, ROBERTA
Address: 2118 SALISBURY CT
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA G. CASACELI TREA 04/23/2005

Electronic Signature of Signing Officer or Director Date