

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90009 020 \*\*\*150.00

DOCUMENT # P93000044894

1. Entity Name

COLORADO CHOICE DISTRIBUTORS, INC.



Principal Place of Business

933 LEE RD.  
406  
ORLANDO FL 32810  
US

Mailing Address

933 LEE RD.  
406  
ORLANDO FL 32810  
US

40010116



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

6782 N. Orange Blossom Trail  
Suite, Apt. #, etc.  
Unit D-3

3. Mailing Address

6782 N. Orange Blossom Trail  
Suite, Apt. #, etc.  
Unit D-3

4. FEI Number

59-3189328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAULERSON, JAMES L JR  
1025 S SEMORAN BLVD  
STE 1075  
WINTER PK FL 32792

7. Name and Address of New Registered Agent

Name

James L. Raulerson, Jr.

Street Address (P.O. Box Number is Not Acceptable)

6782 N. Orange Blossom Trail / Unit D-3

City

Orlando

FL

Zip Code  
32810

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

*James L. Raulerson, Jr.* - President

Signature, typed or printed name of registered agent, or title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/23/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PVS ☒ Delete  
NAME RAULERSON, JAMES L JR  
STREET ADDRESS 933 LEE RD #406  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME James L. Raulerson, Jr.  
STREET ADDRESS 6782 N. Orange Blossom Trail / Unit D-3  
CITY-ST-ZIP Orlando, FL 32810

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

TITLE ☐ Change ☐ Addition  
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 L. Raulerson, Jr.* - James L. Raulerson, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/23/05

Daytime Phone #

407-620-2770