

FROM :

FAX NO. :

Apr. 27 2005 04:02AM P2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000030658	
1. Entity Name ROADRUNNER WHOLESALE DISTRIBUTOR INC.	

Principal Place of Business 5591 AINSLEY COURT BOYNTON BEACH, FL 33437 US	Mailing Address 5591 AINSLEY COURT BOYNTON BEACH, FL 33437 US
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04272005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0485900	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DOCKSWELL, STACIE L 5591 AINSLEY CT BOYNTON BEACH, FL 33437

**DO NOT WRITE
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 in (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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOCKSWELL, SIMON 5591 AINSLEY BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Simon Dockswell* *Simon Dockswell* *4/25/05* *561-436-7860*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number