

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000037434

1. Entity Name  
TRI-MIX DISTRIBUTORS, INC.



Principal Place of Business  
3055 HARBOR DR.  
UNIT 2102  
FORT LAUDERDALE, FL 33316

Mailing Address  
22 JERICHO TURNPIKE  
STE 100  
MINEOLA, NY 11501



02252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0493271

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHNEIDER, RICHARD F  
3055 HARBOR DRIVE  
UNIT 2102  
FT. LAUDERDALE, FL 33316

**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 Richard F. Schneider RICHARD F. SCHNEIDER 3/17/05  
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, 2005 Fee will be \$550.00**

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

U00000270210  
03/19/05-80041-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SCHNEIDER, RICHARD F  
STREET ADDRESS 3055 HARBOR DRIVE UNIT 2102  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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: Richard F. Schneider RICHARD F. SCHNEIDER 3/17/05 954-599-0166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #