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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000075548

Entity Name
RCM DISTRIBUTION, INC.

40077394

Principal Place of Business	Mailing Address
6497 DEBBIE LN ST PETERSBURG, FL 33707	PO BOX 20652 ST PETERSBURG, FL 33742 US

2. Principal Place of Business	3. Mailing Address
Street Address, P.O. Box, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	

04272005 Chg-P CR2E084 (10/03)

4. FEI Number 59-3276193 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACHACEK, GILBERT 6497 DEBBIE LN ST PETERSBURG, FL 33707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	D MACHACEK, GILBERT 6497 DEBBIE LN ST PETERSBURG, FL 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D SMITH, STEPHEN K 3921 UNIT C 69TH AVE N PINELLAS PARK, FL 34665 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D SCOTT, CLIVE T 3921 UNIT C 69TH AVE N PINELLAS PARK, FL 34665 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gilbert A. Machacek 4/27/05 7275805806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #