FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION . . . ANNUAL REPORT

DOCUMENT # P95000001502

1. Entity Name
JAMES HAGEN DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
1096 US 1 NORTH, UNIT 104 ORMOND BEACH, FL 32174	P.O. BOX 730355 ORMOND BEACH, FL 32173-0356

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3295972
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, JAMES
44 BAY POINTE DR.
ORMOND BEACH, FL 32174

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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 _____ 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAGEN, JAMES
STREET ADDRESS	44 BAY POINTE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	HAGEN, JAMES E II
STREET ADDRESS	44 BAY POINTE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
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	

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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 E Hagen JAMES E HAGEN President 4-28-04 386 672-2259
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #