


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 011 ***150.00

DOCUMENT # P9500006821

1. Entity Name
DRAMIS DISTRIBUTING, INC.



Principal Place of Business Mailing Address

4604 BUSTI DR 4604 BUSTI DR
 SARASOTA, FL 34232 US SARASOTA, FL 34232 US

54071440



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0571537 Not Applicable

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

6. Name and Address of Current Registered Agent

DRAMIS, MICHAEL V
 4604 BUSTI DR
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name **LOUIS DRAMIS**

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

4604 BUSTI DRIVE

City **SARASOTA** FL Zip Code **34232**

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: *Louis Dramis* **LOUIS DRAMIS** 8/16/04

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DRAMIS, MICHAEL V	
STREET ADDRESS	4418 ATLANTIC AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DRAMIS, LOUIS	
STREET ADDRESS	4418 ATLANTIC AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAMIS, LOUIS	
STREET ADDRESS	4604 BUSTI DRIVE SARASOTA, FL 34232	
CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAMIS, LORRAINE	
STREET ADDRESS	4604 BUSTI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABOWSKI, LAURA	
STREET ADDRESS	4604 BUSTI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Louis Dramis* **LOUIS DRAMIS, PRESIDENT** 8/16/04 941-377-4843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #