


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90120 002 ***150.00

DOCUMENT # P95000006821

1. Entity Name
DRAMIS DISTRIBUTING, INC.



Principal Place of Business 4604 BUSTI DR SARASOTA, FL 34232 US	Mailing Address 4604 BUSTI DR SARASOTA, FL 34232 US
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DO NOT WRITE IN THIS SPACE



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0571357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAMIS, LOUIS
4604 BUSTI DR
SARASOTA, FL 34232

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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 or officer of the corporation (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DRAMIS, LOUIS 4604 BUSTI DRIVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DRAMIS, LORRAINE 4604 BUSTI DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRABOWSKI, LAURA 4604 BUSTI DRIVE SARASOTA, FL 34232
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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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)(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: *Louis Dramis* **LOUIS DRAMIS, PRES.** / /05 941-586-5162

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