


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 015 ***150.00

DOCUMENT # P95000055673

1: Entity Name
INDUSTRY DISTRIBUTION, INC.



Principal Place of Business Mailing Address

**3551 23RD AVE SOUTH
 B
 LAKE WORTH FL 33461
 US**

**3551 23RD AVE SOUTH
 B
 LAKE WORTH FL 33461
 US**

04011466



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1011 6TH AVE SOUTH **1011 6TH AVE SOUTH**

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

City & State City & State

LAKE WORTH FL **LAKE WORTH FL**

4. FEI Number Applied For

65-0615863 Not Applicable

Zip Country Zip Country

33460 USA **FL 33460 USA**

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

6. Name and Address of Current Registered Agent

**OLSON, JORMA
 3551 23 RD AVE S. #8
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

Name **JORMA OLSSON**

Street Address (P.O. Box Number is Not Acceptable)
1011 6TH AVE SOUTH

City **LAKE WORTH FL FL** Zip Code **33460**

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 *Jorma Olsson* DATE **2/17/04**

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
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------|--------------------|---------------------|---------------------------------|
| P | OLSSON, JORMA | 3551 23 RD AVE S 8 | LAKE WORTH FL 33461 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Jorma Olsson* Date **2/17/04** Daytime Phone # **(901) 329-9058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR