


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State


05-03-2004 91007 009 ***150.00

DOCUMENT # P96000080875	
1. Entity Name NEPTUNE DISTRIBUTORS INC.	

Principal Place of Business 1956 S.W. BILTMORE BLVD. PORT SAINT LUCIE, FL 34984	Mailing Address 1956 S.W. BILTMORE BLVD. PORT SAINT LUCIE, FL 34984
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
04292004	Chg-P CR2E034 (10/03)
4. FEI Number 65-0270785	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 SCHOONMAKER, RICHARD 1944 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952	
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7. Name and Address of New Registered Agent Name Richard Schoonmaker Street Address (P.O. Box Number is Not Acceptable) 1948 SE Port St Lucie Blvd City Port St Lucie FL 34952	
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 Richard Schoonmaker <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOST, DANIEL 1956 S.W. BILTMORE BLVD. PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/29/04 Daytime Phone #