2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000080875

1. Entity Name
NEPTUNE DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
1956 S.W. BILTMORE BLVD. PORT SAINT LUCIE, FL 34984	1956 S.W. BILTMORE BLVD. PORT SAINT LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

05052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0270785
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOONMAKER, RICHARD
1948 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

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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
Due by September 6, 2006

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	D
NAME	YOST, DANIEL
STREET ADDRESS	1956 S.W. BILTMORE BLVD.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

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05/20/06-80118-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daniel Yost DANIEL YOST 5/5/06 772-871-2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #