

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 007 ***158.75

DOCUMENT # P97000029730

1. Entity Name

E.T. DISTRIBUTORS, INC.



Principal Place of Business

1 ABBEY CT
GREENACRES FL 33463

Mailing Address

1 ABBEY CT
GREENACRES FL 33463

2. Principal Place of Business

728 South "A" STREET

Suite, Apt. #, etc.

3. Mailing Address

728 South "A" STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33460

Country

USA

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

4. FEI Number

59-1022684

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, ERIC T
1 ABBEY CT
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name

ERIC T. EVANS

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

728 South "A" STREET

City

LAKE WORTH

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME EVANS, ERIC T
STREET ADDRESS 1 ABBEY CT
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME ERIC T EVANS
STREET ADDRESS 728 SOUTH "A" STREET
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04

561-386-2967