

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 018 ***158.75

DOCUMENT # P97000029730

1. Entity Name

E.T. DISTRIBUTORS, INC.



Principal Place of Business

728 SOUTH A STREET
LAKE WORTH FL 33460

Mailing Address

728 SOUTH A STREET
LAKE WORTH FL 33460



2. Principal Place of Business

5186 BUCHANAN RD

Suite, Apt. #, etc.

3. Mailing Address

5186 BUCHANAN RD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

59-1022684

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, ERIC T
728 SOUTH A STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

EVANS, ERIC T

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

5186 BUCHANAN ROAD

DELRAY BEACH FL

City

FL

Zip Code

33483

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, 2005 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 P ☐ Delete
NAME EVANS, ERIC T
STREET ADDRESS 728 SOUTH A STREET
CITY-ST-ZIP LAKE WORTH FL 33460

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 EVANS, ERIC T
STREET ADDRESS 5186 BUCHANAN ROAD
CITY-ST-ZIP DELRAY BEACH, FL. 33483

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

ERIC T. EVANS

ERIC T. EVANS

4/8/05

561-386-2967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #