


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000056702 1. Entity Name WOOD YOU DISTRIBUTORS, INC.	
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Principal Place of Business 2320 N LIBERTY ST JACKSONVILLE, FL 32206	Mailing Address 2320 N LIBERTY ST JACKSONVILLE, FL 32206
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482904	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANKENSHIP, CHARLES 2320 N LIBERTY ST JACKSONVILLE, FL 32206
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. <input type="checkbox"/> \$5.00 May Be Added to Fees
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U000000143077
04/30/04-80077-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, CHARLES 2320 N LIBERTY ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, ALTON 2320 N LIBERTY ST JACKSONVILLE, FL 32206
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IN THIS SPACE**

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: Charles Blankenship Charles Blankenship 04/354-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #