## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: #

## FILED Mar 09, 2005 08:00 AM Secretary of State

DOCUMENT # P97000057326- *  1. Entity Name PAUL RAGSDALE DISTRIBUTING, INC.					Seci	etary of Sta
10401 NW 4	e of Business 8TH MANOR NGS, FL 33076 US	Mailing Address _10401 NW 48TH MANOR _CORAL SPRINGS, FL 33076	.US'			
D	O NOT WRITE  6. Name and Address of Current Re		CE		No Chg-P C	R2E034 (10/03)  Apc Not \$8.75 Addit Fee Required
				OT WR		
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, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of (self-stered agent and little if applicable.)  (NOTE: Registered Agent signature required when reinstating).  DATE						-05
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees			
10.  IIILE NAME STREET ADDRESS CITY - ST - ZIP	P RAGSDALE, PAUL 10401 NW 48TH MANOR CORAL SPRINGS, FL 33076	RECTORS		0		5394 014-006 150.00
NAME STREET ADDRESS CITY-ST-ZIP					-	
NAME STREET ADDRESS CITY+ST+ZIP		·			OT WR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 infinidicated 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 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 I changed, or on an attachment with all other like empowered.						