


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000089161

1. Entity Name
 37 DISTRIBUTION CORPORATION



Principal Place of Business
 11337 DISTRIBUTION AVENUE WEST
 JACKSONVILLE, FL 32256

Mailing Address
 11337 DISTRIBUTION AVENUE WEST
 JACKSONVILLE, FL 32256



03142004 No Chg-P CR2E034 (10/03)

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4. FEI Number
 59-3472500

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, LEONARD F
 11337 DISTRIBUTION AVENUE W.
 JACKSONVILLE, FL 32256

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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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, LEONARD F
STREET ADDRESS	1337 DISTRIBUTION AVENUE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MOORE, CHARLES L
STREET ADDRESS	2906 SCOTT MILL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/22/04-80057-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Leonard F. Graham 19 March 04 (800) 445-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #