


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State


04-20-2005 90364 042 ***150.00

DOCUMENT # P98000004707	
1. Entity Name S & C DISTRIBUTOR, INC.	

Principal Place of Business 1549 SAN MARCO ROAD MARCO ISLAND, FL 34145	Mailing Address 1549 SAN MARCO ROAD MARCO ISLAND, FL 34145
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2. Principal Place of Business <i>1549 San Marco Rd.</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Marco Island, FL</i>	Suite, Apt. #, etc.
City & State	City & State
Zip <i>34145</i>	Country <i>Collier</i>

50041409



03312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0805289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SOSA, ALBERTO 1549 SAN MARCO ROAD MARCO ISLAND, FL 34145	

7. Name and Address of New Registered Agent	
Name <i>N/A</i>	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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: *N/A*
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, ALBERTO G 1549 SAN MARCO MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *Alberto G. Sosa* **8/21/05** **305-491-9899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #