


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90470 001 \*\*\*450.00

<b>DOCUMENT # P98000036714</b>	
1. Entity Name <b>GLAD TO BE HOME DISTRIBUTORS INC.</b>	

Principal Place of Business <b>11612 NO. NEBRASKA AVE., STE. C TAMPA, FL 33612</b>	Mailing Address <b>11612 NO. NEBRASKA AVE., STE. C TAMPA, FL 33612</b>
---	---



2. Principal Place of Business <b>8602 Temple Terrace Hwy Suite, Apt. #, etc. C-15</b>	3. Mailing Address <b>PO Box 291607 Suite, Apt. #, etc.</b>
---	--

05032004 Chg-P CR2E034 (10/03)

City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33637</b>	Country <b>USA</b>
Zip <b>33687-1607</b>	Country <b>USA</b>

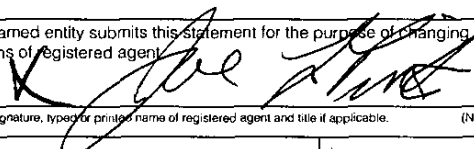
4. FEI Number <b>59-3507887</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>LOPINTO, JOE 11612 NO. NEBRASKA AVE., STE. C TAMPA, FL 33612</b>	
--	--

7. Name and Address of New Registered Agent Name <b>LOPINTO, JOE</b> Street Address (P.O. Box Number is Not Acceptable) <b>8602 Temple Terrace Hwy C-15</b> City <b>TAMPA</b> FL Zip Code <b>33637</b>	
---	--

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: **04/30/04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LOPINTO, JOE 11612 NO. NEBRASKA AVE., STE. C TAMPA, FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LOPINTO, JOE 8602 Temple Terrace Hwy C-15 Tampa FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **04/30/04** 813 989-0950