2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P98000047442 1. Entity Name 04-07-2004 90345 037 \*\*\*150 00 D & E DISTRIBUTING CO. Principal Place of Business Mailing Address 2334 S CYPRESS BEND DR 2334 S CYPRESS BEND DR 14001204 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 710 N 17 フィクト Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0838944 106646000 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ICU 1) UGAK KULL. KOBIN Street Address (P.O. Box Number is Not Acceptable) 9519 MARINERS COVE LANE **ON RECORD** 710 . FT. MYERS FL 33919 1WODN 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. uma a de la companya SIGNATURE Signature, typed or printed name of registered agent and to (NOTE: Registered Agent signature required when reinstating) DATE F- FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TID F TITLE NAME DUGAN, RICH NAME STREET ADDRESS 2334 S CYPRESS BEND DR #312 STREET ADDRESS DIO N. MAYE POMPANO BEACH FL 33069 CITY-ST-ZIP უა62 ☐ Delete TITLE ☐ Addition EDWARDS, JIM NAME STREET ADDRESS 446 S NEPTUNE DR STREET ADDRESS SATELLITE BEACH FL 32937 CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7/P ☐ Delete TITLE ☐ Addition TITLE Change MAME NAME STREET ADDRESS 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 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 his 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 offer like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**