


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 037 ***150.00

DOCUMENT # P98000047442
 1. Entity Name
D & E DISTRIBUTING CO.



Principal Place of Business
2334 S CYPRESS BEND DR #312 POMPANO BEACH FL 33069

Mailing Address
2334 S CYPRESS BEND DR #312 POMPANO BEACH FL 33069

149001604



MOORE CR2E034 (11/03)

2. Principal Place of Business
1710 N 17 AVE.

3. Mailing Address
1710 N 17 AVE

Suite, Apt. #, etc.

City & State
Hollywood Fl

City & State
Hollywood Fl

Zip
33020

Country

4. FEI Number
65-0838944

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KULL, KOBIN
9519 MARINERS COVE LANE
ON RECORD
FT. MYERS FL 33919

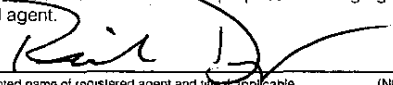
7. Name and Address of New Registered Agent

Name
Rich Dugan, President

Street Address (P.O. Box Number is Not Acceptable)
1710 N. 17 AVE

City
Hollywood FL Zip Code
33020

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:  (NOTE: Registered Agent signature required when reinstating)

DATE

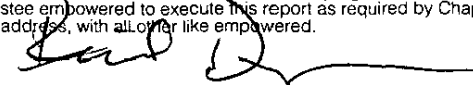
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P <input checked="" type="checkbox"/> Delete DUGAN, RICH 2334 S CYPRESS BEND DR #312 POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete EDWARDS, JIM 446 S NEPTUNE DR SATELLITE BEACH FL 32937
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICH DUGAN 1710 N. 17 AVE HOLLYWOOD FL 33062
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)(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:  (NOTE: Registered Agent signature required when reinstating)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #