## >2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P98000070233** 1. Entity Name 04-15-2004 90003 036 \*\*\*150.00 BIO TECH DISTRIBUTION, INC. Principal Place of Business Mailing Address 994 BLANDING BLVD., BLDG.118 PO BOX 65276 54033365 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business 3. Mailing Address 994 Blanding Blvd P.OBox 65276 Suite, Apt. #, etc Suite, Apt. #, etc. 04072004 Chg-P CR2E034 (10/03) Bldg. #109 Applied For City & State City & State 4. FEI Number Orange Park, 59-3106086 Not Applicable <u>Orange Park</u> Country \$8.75 Additional 5. Certificate of Status Desired 32065 32065-0005 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGARVA ... SANDRA J MCGARVAL SANDRAJ Street Address (P.O. Box Number is Not Acceptable) 994 BLANDING BLVD., BLDG.118 994 Blanding Blvd ORANGE PARK, FL 32065 Bldg. 109 Zip Code 32065 Orange Park 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. Language and title if applicable. 4/9/2004 DATE SIGNATURE Signature, type (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Delete TITLE CEO Change ■ Addition TITLE McGarva, Sandra J MCGARVAN, SANDRA J NAME 994 Blanding Blvd, 994 BLANDING BLVD BLDG 118 STREET ADDRESS Bldg 109 STREET ADDRESS Orange Park, FL 32065 CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7)P CITY\_ST-ZIP\_ ☐ Addition TITLE Delete TITLE Change 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-ZIP Change ☐ Detete ■ Addition TITLE TITLE NAME 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 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 attachingent with an address, with all other like empowered. CEO 904-272-6446

ING OFFICER OR DIRECTOR

FILED