

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91015 044 ***150.00

DOCUMENT # P98000078500

1. Entity Name
LYDON DISTRIBUTING, INC.



Principal Place of Business

**923 SPANISH OAK BLVD.
PALM HARBOR, FL 34685
5539 SILVER SPUR DR.
HOLIDAY, FL. 34690**

Mailing Address

**923 SPANISH OAK BLVD
PALM HARBOR, FL 34685
5539 SILVER SPUR DR.
HOLIDAY, FL. 34690**

34081316



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531123

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYDON, E JOSEPH
300 LEE ST
OLDSMAR, FL 34677
5539 SILVER SPUR DR.
HOLIDAY, FL. 34690**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYDON, E JOSEPH
STREET ADDRESS	300 LEE ST
CITY- ST- ZIP	OLDSMAR, FL 34677

**5539 SILVER SPUR DR.
HOLIDAY, FL. 34690**

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: E. JOSEPH LYDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 727-647-1703

Date

Daytime Phone #