2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103950

1. Entity Name
MAJOR DISTRIBUTION COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2320 NE 32 COURT LIGHTHOUSE POINTE, FL 33064	2320 NE 32 COURT LIGHTHOUSE POINTE, FL 33064

DO NOT WRITE IN THIS SPACE

02152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0883551
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TITOLO, JACK
2320 NE 32 COURT
LIGHTHOUSE POINTE, FL 33064

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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: X _____
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

U00000074624
03/03/04-80025-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TITOLO, JACK
STREET ADDRESS	2320 NE 32ND COURT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 32064
TITLE	V
NAME	TITOLO, JACKIE
STREET ADDRESS	2320 N.E. 32ND COURT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #