
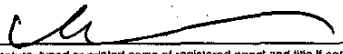
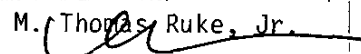


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 006 ***150.00

DOCUMENT # P99000002589					
1. Entity Name SERVICES TO DISTRIBUTORS, INC.					
Principal Place of Business 3443 HANCOCK BRIDGE PARKWAY, SUITE 102 NORTH FORT MYERS, FL 33903			Mailing Address 3443 HANCOCK BRIDGE PARKWAY, SUITE 102 NORTH FORT MYERS, FL 33903		
2. Principal Place of Business 3660 Central Ave.		3. Mailing Address P.O. Box 2030			
Suite, Apt. #, etc. Suite F		Suite, Apt. #, etc.			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 65-0896317	
Zip 33901		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUKE, M THOMAS JR 3443 HANCOCK BRIDGE PARKWAY, SUITE 102 NORTH FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name Ruke, M. Thomas Jr. Street Address (P.O. Box Number is Not Acceptable) 3660 Central Ave. Suite F City Ft. Myers, FL Zip Code 33901		
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  M. Thomas Ruke, Jr., President 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUKE, M THOMAS JR 3443 HANCOCK BRIDGE PARKWAY, SUITE 102 NORTH FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ruke, M. Thomas Jr. 3660 Central Avenue, Suite 7 Fort Myers, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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:  M. Thomas Ruke, Jr.			4/12/05 239-997-4084		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		