ANNUAL REPORT **FILED DOCUMENT # P99000006770** Apr 06, 2005 08:00 AM Secretary of State 1. Entity Name HIATT DISTRIBUTING, INC. Principal Place of Business Mailing Address 47 4TH ST. 47 4TH ST. SHALIMAR, FL 32579 SHALIMAR, FL 32579 03302005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3559162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HIATT, ANTHONY J DO NOT WRITE 47 4TH ST. SHALIMAR, FL 32579 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 H00000784998 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 04/06/05-80047-015 150.00 10. OFFICERS AND DIRECTORS TITLE D NAME HIATT, ANTHONY J STREET ADDRESS 47 4TH ST. CITY-ST-ZIP SHALIMAR, FL 32579 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIE TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.