**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR) 🕏

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## Sep 22, 2004 8:00 am Secretary of State **DOCUMENT # P99000044828** 09-09-2004 90007 014 \*\*\*550 00 CHARLIE BROWN DISTRIBUTING, INC. Mailing Address Principal Place of Business 571 HAVERTY COURT STE. M ROCKLEDGE FL 32955 571 HAVERTY COURT STE. M **ROCKLEDGE FL 32955** 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. ; CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3573939 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, DOUGLAS S 57.1 HAVERTY COURT STE. M ROCKLEDGE FL 32955 Street Address (P.O. Box Number is Not Acceptable) City Zip Cope 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, typeg or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE ☐ Change BROWN, DOUGLAS S NAME NAME STREET ADDRESS 571 HAVERTY COURT STELM STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-79 CITY-ST-7/P Change ☐ Addition TITLE Daleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TM E ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachment with an address. 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

**FILED**