


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-09-2004 90007 014 ***550.00

DOCUMENT # P99000044828 1. Entity Name CHARLIE BROWN DISTRIBUTING, INC.																					
Principal Place of Business 571 HAVERTY COURT STE. M ROCKLEDGE FL 32955			Mailing Address 571 HAVERTY COURT STE. M ROCKLEDGE FL 32955																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State Zip		City & State Zip		4. FEI Number 59-3573939 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent BROWN, DOUGLAS S 571 HAVERTY COURT STE. M ROCKLEDGE FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, DOUGLAS S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>571 HAVERTY COURT STE. M</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROCKLEDGE FL 32955</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	BROWN, DOUGLAS S	STREET ADDRESS	571 HAVERTY COURT STE. M	CITY-ST-ZIP	ROCKLEDGE FL 32955	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/04 **321-631-6111**
Day Daytime Phone #