


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90513 034 ***150.00

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|---|--|---------------------|--|---|--|
| DOCUMENT # P99000048048 1. Entity Name SOUTHCOAST DISTRIBUTORS, INC. | | | |  | |
| Principal Place of Business 5625 VERNA BLVD #3 JACKSONVILLE FL 32205 | | | Mailing Address 5625 VERNA BLVD #3 JACKSONVILLE FL 32205 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number AP-PLIED FOR | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SMITH, DENNIS 7952 NORMANDY BLVD #3 JACKSONVILLE FL 32221 <i>Old Address</i> | | | | Name: Dennis Smith Street Address (P.O. Box Number is Not Acceptable): 5625 Verna Blvd. #3 Jacksonville, FL 32205 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: <i>Dennis Smith - Owner</i> DATE: 04-23-04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P <input type="checkbox"/> Delete NAME: SMITH, DENNIS STREET ADDRESS: 5625 VERNA BLVD #3 CITY-ST-ZIP: JACKSONVILLE FL 32205 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
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| 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: <i>Dennis Smith</i> DATE: 04-23-04 904-786-4538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |