2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT# P99000051174

1. EntityName
KMSDISTRIBUTING,INC.

PrincipalPlaceofBusiness	MailingAddress
311 KITE AVE SEBRING, FL 33872	311 KITE AVE SEBRING, FL 33872

02072004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
65-0921798
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

WEINFELD,KATTY
311KITEAVE
SEBRING,FL33872

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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenma instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	WEINFELD,MARC
STREETADDRESS	311KITEAVE
CITY-ST-ZIP	SEBRING,FL33872
TITLE	T
NAME	WEINFELD,KATTY
STREETADDRESS	311KITEAVE
CITY-ST-ZIP	SEBRING,FL33872
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

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03/22/04-80021-016 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: Marc L. Weinfeld Marc L. Weinfeld 3/22/04 (863) 471-3096
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#