

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S47732 1. Entity Name FLORIDA DISTRIBUTION CENTER OF SEBRING, INC.			
Principal Place of Business 4916 CRICKET DR SEBRING, FL 33870		Mailing Address 4916 CRICKET DR SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE			
		02132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3068067	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, JAMES B. 4916 CRICKET DR SEBRING, FL 33870		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000081655 03/08/04-80156-023 150.00	
TITLE	D		
NAME	WOOD, JAMES B		
STREET ADDRESS	4916 CRICKET DR		
CITY - ST - ZIP	SEBRING, FL		
TITLE	D		
NAME	WOOD, DOROTHY ANN		
STREET ADDRESS	4916 CRICKET DR		
CITY - ST - ZIP	SEBRING, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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, with all other like empowered.			
SIGNATURE: <u>Dorothy Wood</u>		3-1-04 863-655-2644	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	