2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # V45070 1. Entity Name STEERE DISTRIBUTING, INC. Mailing Address Principal Place of Business 12222 S.W. 16TH AVE. OCALA FL 34473 12222 S.W. 16TH AVE. **OCALA FL 34473** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3129900 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEERE, HARRY G Street Address (P.O. Box Number is Not Acceptable) 12222 S.W. 16TH AVE. OCALA FL 34473 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agont signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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 11. 10, Change Addition DPS Delete TITLE TITLE STEERE, HARRY G NAME NAME U00000332250 12222 S.W. 16TH AVE. STREET ADDRESS STREET ADDRESS 04/26/05-60049-010 150.00 OCALA FL 34473 CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition THTLE THLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP Addition HILE ☐ Delete TIFLE Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THILE THILE NAME STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Delete Change Addition 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, with provided the empowered.

05

FILED