

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # V58888

1. Entity Name
T.E.A. DISTRIBUTORS, INC.



Principal Place of Business
**421 YORK STREET
GULF BREEZE, FL 32561**

Mailing Address
**421 YORK STREET
GULF BREEZE, FL 32561**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3139640

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROCHE, WILLIAM M
421 YORK STREET
GULF BREEZE, FL 32561**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000190443
01/24/05-80132-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCHE, WILLIAM 421 YORK STREET GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCHE, MARY 421 YORK STREET GULF BREEZE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William Roche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-19-05 Daytime Phone # 80932-3483