


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2005 08:00 A
Secretary of State

DOCUMENT # 299102
 1. Entity Name
DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business Mailing Address
11341 DISTRIBUTION AVE EAST **11341 DISTRIBUTION AVE EAST**
JACKSONVILLE, FL 32256 **JACKSONVILLE, FL 32256 US**

DO NOT WRITE IN THIS SPACE



D1262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1564919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FL CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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 _____

NOTE: Registered Agent signature required when relinquishing

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

10. OFFICERS AND DIRECTORS

TITLE C	DEANGELIS, ARCHIE A. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE VP	BOHANNPN, JR LARRY R 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE P	CHESNUTT, BILLY J. 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE T	CORRIGAN, EDNA D 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE S	CHESNUTT, HELEN A 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256
TITLE VP	BOHANNON, RONALD L 11341 DISTRIBUTION AVE E JACKSONVILLE, FL 32256

01/28/05-80023-007 150.00

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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)(c), 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 or the incorporator 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 a other like empowered.

SIGNATURE: Edna D. Corrigan 1-26-05 904-292-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER