


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J05257**  
 1. Entity Name  
**M & W WHOLESALE, INC.**



Principal Place of Business      Mailing Address  
**% DONALD VICTOR MITCHELL**      **% DONALD VICTOR MITCHELL**  
**825 GULF BREEZE PKWY.**      **825 GULF BREEZE PKWY.**  
**GULF BREEZE, FL 32561**      **GULF BREEZE, FL 32561**

**DO NOT WRITE IN THIS SPACE**



03202008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2668543**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MITCHELL, DONALD VICTOR**  
**825 GULF BREEZE PKWY.**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DONALD VICTOR 825 GULF BREEZE PKWY. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, JOHN CALVIN 825 GULF BREEZE PKWY. GULF BREEZE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: D. Victor Mitchell      D. Victor Mitchell      3/20/06      850-932-6789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #