


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

27. **FILED**
Mar 19, 2007 8:00 am
Secretary of State

02-28-2007 90008 022 ***150.00

DOCUMENT # J05257 1. Entity Name M & W WHOLESALE, INC.	
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Principal Place of Business % DONALD VICTOR MITCHELL 825 GULF BREEZE PKWY. GULF BREEZE, FL 32561	Mailing Address % DONALD VICTOR MITCHELL 825 GULF BREEZE PKWY. GULF BREEZE, FL 32561
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2668543	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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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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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 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 information.

SIGNATURE: D. Victor Mitchell 3/15/07 850-932-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #