


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

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



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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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2668543	Applied For <input type="checkbox"/> 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**

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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: *D. Victor Mitchell, President* DATE: 3/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000871163
 04/09/08-80120-011 150.00

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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* DATE: 3/24/08 DAYTIME PHONE #: 850-932-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #