

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90013 044 ***150.00

DOCUMENT # L70962 1. Entity Name WHOLESALE SOLAR SUPPLY, INC.	
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Principal Place of Business % R. REED WILSON 2213 ANDREA LANE #108 FT. MYERS, FL 33912 US	Mailing Address % R. REED WILSON 2213 ANDREA LANE #108 FT. MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0197114	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional - Fee Required
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6. Name and Address of Current Registered Agent WILSON, R. REED 2213 ANDREA LANE #108 FT. MYERS, FL 33912

**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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WILSON, R. REED 2213 ANDREA LANE #108 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HALL, EDWARD W. 2213 ANDREA LANE #108 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	1/9/2004 239-482-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #