2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-07-2004 90113 016 ***150.00

DOCUMENT # P03000046428

1. Entity Name
W.T.F. WHOLESALE SUPPLIERS CORP

66423336

[redacted]

Principal Place of Business	Mailing Address
2749 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	2749 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0566217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEFANIAK, TODD 2749 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEFANIAK, TODD		NAME	
STREET ADDRESS	2749 S RIDGEWOOD AVE		STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEFANIAK, TODD		NAME	
STREET ADDRESS	2749 S RIDGEWOOD AVE		STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEFANIAK, TODD		NAME	
STREET ADDRESS	2749 S RIDGEWOOD AVE		STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ________________________ 5-1-04 ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

604259964
#P03000046428

AMOUNT OF DEPOSIT (Do NOT type, please print.)

DOLLARS	CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

EIN 05-0566217 251712

W T F WHOLESALE SUPPLIERS CORP
2749 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119-3539

IRS USE ONLY

BANK NAME/ DATE STAMP

Darken only one TYPE OF TAX

941	945
990-C	1120
943	990-T
720	990-PF
CT-1	1042
940	

Darken only one TAX PERIOD

1st Quarter
2nd Quarter
3rd Quarter
4th Quarter

62

18 6 Telephone number ( )

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2002)