


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000168367
 1. Entity Name
HEAD INTERSTATE WHOLESAL, INC.



Principal Place of Business Mailing Address
904 REDBUD TRAIL **904 REDBUD TRAIL**
SAINT AUGUSTINE, FL 32086 **SAINT AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4008907	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEAD, PAMELA A
904 REDBUD TRAIL
SAINT AUGUSTINE, FL 32086

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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 *Pamela A Head* *Pamela A. Head* *3/26/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEAD, HARLEY D III
STREET ADDRESS	904 REDBUD TRAIL
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	S
NAME	HEAD, PAMELA A
STREET ADDRESS	904 REDBUD TRAIL
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Pamela A. Head* *Pamela A. Head* *3/26/08* *(904) 794-1957*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #