2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P07000094250

Entity Name: PAL WHOLESALE COMPANY

Current Principal Place of Business:

744 SR 621 E
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1069
LAKE PLACID, FL 33862 US

New Mailing Address:

P O BOX 2709
LAKE PLACID, FL 33862 US

FEI Number: 26-0776417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEUERMAN, LENICE
744 SR 621 E
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SCHEUERMAN, LENICE L
744 SR 621 E
LAKE PLACID, FL 33852 US

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.

SIGNATURE: LENICE L SCHEUERMAN 01/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAGROW, KEITH
Address: 744 SR 621 E
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP ( ) Delete
Name: LAGROW, KENNETH
Address: 744 SR 621 E
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP ( ) Delete
Name: LAGROW, RHONDA
Address: 744 SR 621 E
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S-T ( ) Delete
Name: SCHEUERMAN, LENICE
Address: 744 SR 621 E
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENICE L SCHEUERMAN ST 01/30/2009
Electronic Signature of Signing Officer or Director Date