

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 317314

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CONSOLIDATED WAREHOUSES INC.

**Current Principal Place of Business:**

343 W 14TH ST  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

2501 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

PO BOX 1410  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-1169590      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMM, JUDY  
2501 COUNTRY CLUB DR  
LYNN HAVEN, FL 32444      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TRTE  
**Name:** MYERS, DEBRA C  
**Address:** 508 CARRIE LANE  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** MGR  
**Name:** HAMM, JUDY  
**Address:** 2501 COUNTRY CLUB DR  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: DEBRA MYERS

TRTE

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date