2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCU	MENT # 430901					·		
1. Entity Nam	WHOLESALE FLOORS INC.	46.72	} {					
COSTOM	WHOLESALE FLOORS INC.			9 {				
Principal Place	e of Business M	ailing Address	<u></u>	7				
2655 DAWNN ROAD NORTH JACKSONVILLE, FL 32207 2655 DAWNN ROAD NORTH JACKSONVILLE, FL 32207								
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	· · · · · · · · · · · · · · · · · · ·			5. Certificate	of Status Desired	Fee Required		
	6. Name and Address of Current Regis	stered Agent	1	r gwate e at 1 km		Andread and the state of the st		
DUPREE, JOSEPH H			-	DO	NOT W	RITE		
2655 DAWIN ROAD NORTH JACKSONVILLE, FL 32207					THIS SP	·		
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8. The above the obligat	named entity submits this statement for the long of registered agent.	purpose of changing its registe	red office or regis	tered agent, or bot	h, in the State of Flo	ilda. 1 am familiar with, and	accept	
1								
SIGNATURE.	Signature, typed or printed name of registered agent and title	((sppkcable. (NOTE, Register	ed Agent signature requi	ired when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 <u>.</u> 00	Election Campaign Fina Trust Fund Contribution		5.00 May Be dded to Fees	00000 03/0 6/06	0443913 -80031 -00 4 150	. 00	
10.	OFFICERS AND DIRE	CTORS		,				
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NAME	DUPREE, XENIA			**		172 <u>17</u> 1777 _ 4		
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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 it 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:

MAME STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORRECTO

2/20/6

904-421-5015

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