

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90117 014 ***150.00

DOCUMENT # 625869

1. Entity Name
WISE DISTRIBUTORS OF JACKSONVILLE, INC.



Principal Place of Business
**5784 MINING TERR
JACKSONVILLE, FL 32257**

Mailing Address
**5784 MINING TERR
JACKSONVILLE, FL 32257**

66008118



03022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1917062

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVERBERG, DAVID
5784 MINING TERR
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3-2-2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SILVERBERG, DAVID
5784 MINING TERR
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SILVERBERG, DAVE
5784 MINING TERRACE
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
SILVERBERG, DAVID
5784 MINING TERRACE
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

DATE

904-277-6810

Daytime Phone #