

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006555

FILED  
Feb 26, 2004  
Secretary of State

Entity Name: B&W WHOLESALE DISTRIBUTORS, INC.

## Current Principal Place of Business:

4500 SINGER ROAD  
MURFREESBORO, TN 37129

## New Principal Place of Business:

## Current Mailing Address:

4500 SINGER ROAD  
MURFREESBORO, TN 37129

## New Mailing Address:

FEI Number: 62-1865193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WATTS, PHIL  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

Title: VST ( ) Delete  
Name: CONLEY, BRIAN  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

Title: V ( ) Delete  
Name: ENOCH, CHARLES  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

Title: V ( ) Delete  
Name: SMITH, JOHN  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

Title: V ( ) Delete  
Name: LEBLANC, BRENDA  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

Title: V ( ) Delete  
Name: WELLS, RONNIE  
Address: 4500 SINGER ROAD  
City-St-Zip: MURFREESBORO, TN

## 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:

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 for the exemption stated in Section 119.07(3)(i), 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: D. BRIAN CONLEY

VST

02/26/2004

Electronic Signature of Signing Officer or Director

Date

JUDY WATTS, DIRECTOR  
4500 SINGER ROAD  
MURFREESBORO, TN 37129