## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000006555

Entity Name: B&W WHOLESALE DISTRIBUTORS, INC.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4500 SINGE MURFREE	ER ROAD SBORO, TN 3	37129				
Current Mailing Address:			New Mailir	New Mailing Address:		
4500 SINGER ROAD MURFREESBORO, TN 37129						
FEI Number:	62-1865193	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Co	ertificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Nev	v Registered Agent:	
SUITE 4 WESTON,	FL 33331 US		oose of changing it	re registered offic	e or registered agent, or both	
in the State		ubilitis tilis statement for the purp	Jose of changing it	s registered offic	e or registered agent, or both,	
SIGNATUR						
	Electroni	ic Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () WATTS, PHIL 4500 SINGER R MURFREESBOR		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	VST () CONLEY, BRIAN 4500 SINGER R MURFREESBOR	OAD	Title: Name: Address: City-St-Zip:	VST (X) CH SMITH, JOHN 4500 SINGER ROA MURFREESBORO		
Title: Name: Address: City-St-Zip:	V () ENOCH, CHARL 4500 SINGER R MURFREESBOR	OAD	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X) SMITH, JOHN 4500 SINGER R MURFREESBOR		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	V () LEBLANC, BREI 4500 SINGER R MURFREESBOR	OAD	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	V () WELLS, RONNI 4500 SINGER R MURFREESBOR	OAD	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN SMITH VST 04/06/2006