


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G64667</b>	
1. Entity Name <b>FOOD WHOLESALERS, INC.</b>	

Principal Place of Business <b>1960 5TH AVENUE SOUTH P.O. BOX 13637 ST. PETERSBURG FL 33733</b>	Mailing Address <b>1960 5TH AVENUE SOUTH P.O. BOX 13637 ST. PETERSBURG FL 33733</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2333027</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANSON, JOHN L. 1312 39TH AVENUE, NE ST. PETERSBURG FL 33703</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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 reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	<b>ANSON, JOHN L.</b>	NAME	
STREET ADDRESS	<b>1312 39TH AVENUE, NE</b>	STREET ADDRESS	<b>U000000736565</b>
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	CITY- ST- ZIP	<b>05/10/07-80081-006 150.00</b>
TITLE	VP	TITLE	
NAME	<b>ANSON, JIM D</b>	NAME	
STREET ADDRESS	<b>6088 16TH LANE NE</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>SAINT PETERSBURG.FL 33703</b>	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: 	Date: <b>4-20-07</b>	727-894-5757
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