


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90032 033 ***550.00

DOCUMENT # G64667 1. Entity Name FOOD WHOLESALERS, INC.			
Principal Place of Business 1960 5TH AVENUE SOUTH P.O. BOX 13637 ST. PETERSBURG, FL 33733		Mailing Address 1960 5TH AVENUE SOUTH P.O. BOX 13637 ST. PETERSBURG, FL 33733	
2. Principal Place of Business - No P.O. Box # 1960 5th Ave So.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State	
Zip 33712	Country USA	Zip	Country
4. FEI Number 59-2333027		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSON, JOHN L. 1312 39TH AVENUE, NE ST. PETERSBURG, FL 33703		7. Name and Address of New Registered Agent Name JOHN L ANSON Street Address (P.O. Box Number is Not Acceptable) 1960 5th Ave So City ST. PETERSBURG FL Zip Code 33712	
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 <u><i>John L. Anson</i></u> DATE <u>7-22-08</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME ANSON, JOHN L. STREET ADDRESS 1312 39TH AVENUE, NE CITY-ST-ZIP ST. PETERSBURG, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME ANSON, JIM D STREET ADDRESS 6088 16TH LANE NE CITY-ST-ZIP SAINT PETERSBURG, FL 33703	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 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: <u><i>John L. Anson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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