2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36865

Address:

City-St-Zip:

Entity Name: WHOLESALE, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O 14021 N.W US HWY 441 14021-1 N.W US HWY 441 ALACHUA, FL 32615 ALACHUA, FL 32615 **Current Mailing Address: New Mailing Address:** 2800 NE SR 47 HIGH SPRINGS, FL 32643 FEI Number: 59-2739277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHESBOROUGH, LOWELL D 2800 N.E. SR-47 HIGH SPRINGS, FL 32643 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHESBOROUGH, LOWELL, D. CHESBOROUGH, LOWELL PSD Name: Name: 14021 NW US HWY 441 2800 N.E. SR-47 Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: HIGH SPRINGS, FL 32643 Title: Title: () Delete (X) Change () Addition THOMAS, D.K. THOMAS, D K V Name: Name: 6622 WEST SR 235 6622 WEST SR 235 Address: Address: ALACHUA, FL 32615 ALACHUA, FL 32615 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition SCHNYDER, TERRY M V Name: Name: 3001 NE 21ST WAY Address Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32609 Title: () Delete Title: () Change (X) Addition SCHNYDER, DEAN M V Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

3001 NE 21ST WAY

GAINESVILLE, FL 32609

SIGNATURE: LOWELL D CHESBOROUGH **PSD** 01/09/2008