

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36865

Entity Name: WHOLESALE, INC.

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

14021-1 N.W US HWY 441
ALACHUA, FL 32615

New Principal Place of Business:

2800 NE STATE RD 47
HIGH SPRINGS, FL 32643

Current Mailing Address:

2800 NE SR 47
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 59-2739277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESBOROUGH, LOWELL D
2800 N.E. SR-47
HIGH SPRINGS, FL 32643 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: PSD () Delete
Name: CHESBOROUGH, LOWELL PSD
Address: 2800 N.E. SR-47
City-St-Zip: HIGH SPRINGS, FL 32643

Title: V () Delete
Name: THOMAS, D K V
Address: 6622 WEST SR 235
City-St-Zip: ALACHUA, FL 32615

Title: V () Delete
Name: SCHNYDER, TERRY M V
Address: 3001 NE 21ST WAY
City-St-Zip: GAINESVILLE, FL 32609

Title: V () Delete
Name: SCHNYDER, DEAN M V
Address: 3001 NE 21ST WAY
City-St-Zip: GAINESVILLE, FL 32609

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:

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.

SIGNATURE: LOWELL D CHESBOROUGH

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date