2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# J26927

Entity Name: FLORIDA WHOLESALE DISTRIBUTORS, INC.

Current Principal Place of Business:

1910 HWY 301 NORTH
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1910 HWY 301 NORTH
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2714320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATSON, ROBERT E
11715 N. FLORIDA AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

WATSON, ROBERT E
1910 HWY 301 NORTH
TAMPA, FL 33619 US

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: 01/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WATSON, ROBERT E.,
Address: 11715 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: V ( ) Delete
Name: WATSON, KATHLEEN M.,
Address: 11715 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WATSON, ROBERT E.,
Address: 1910 US HWY 301 NORTH
City-St-Zip: TAMPA, FL 33619

Title: V (X) Change ( ) Addition
Name: WATSON, KATHLEEN M.,
Address: 1910 UA HWY 301 NORTH
City-St-Zip: TAMPA, FL 33619

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: LORI A. KELLEY MS. 01/26/2009
Electronic Signature of Signing Officer or Director — Date