


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K17421		
1. Entity Name WHOLESALE LANDSCAPE SUPPLY, INC.		
Principal Place of Business % ALLAN RICKERT 2423 MANATEE AVE W. BRADENTON, FL 34205	Mailing Address % ALLAN RICKERT 2423 MANATEE AVE W. BRADENTON, FL 34205	



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0057514	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RICKERT, ALLAN 2423 MANATEE AVE W. BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	RICKERT, ALLAN H. 508 84TH ST. NW BRADENTON, FL 34209
TITLE VP	WARNER, RAYMOND H. 1904 ZIPPERER RD. BRADENTON, FL 34202
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

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04/24/08-80079-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #