

2005. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90326 045 ***150.00

DOCUMENT # L49383

1. Entity Name

U.S. WHOLESALE FOODS, INC.



Principal Place of Business

5164 SO. FL. AVE.
1456 N TORO DR
INVERNESS FL 34450
US

Mailing Address

1456 NOTORO DR.
1456 N TORO DR
INVERNESS FL 34453
US

50039506

2. Principal Place of Business

5164 So FL AVE
Suite, Apt. #, etc.

3. Mailing Address

1456 No. Toro DR.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

INVERNESS FL

City & State

INVERNESS FL

4. FEI Number

30-0061716

Applied For

Not Applicable

Zip

34450

Country

USA

Zip

34453

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINHAUER, FREDERICK JR.
1456 NORTH TORO DR
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STEINHAUER, FREDERICK JR
STREET ADDRESS 1456 NORTH TORO DRIVE
CITY-ST-ZIP INVERNESS FL

TITLE TS ☐ Delete
NAME STEINHAUER, JOAN Z
STREET ADDRESS 1456 NORTH TORO DR
CITY-ST-ZIP INVERNESS FL

TITLE M ☐ Delete
NAME BECKSMITH, MARYANN
STREET ADDRESS 1440 N. TORO DR
CITY-ST-ZIP INVERNESS FL 34453

TITLE M ☐ Delete
NAME BECKSMITH, L.B.
STREET ADDRESS 1440 N. TORO DR
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOAN Z. STEINHAUER Joan Z. Steinhauer 4/15/05 352 7262300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #