

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 008 ***150.00

DOCUMENT # L49383

1. Entity Name

U.S. WHOLESALE FOODS, INC.



Principal Place of Business

5164 SO. FL. AVE.
INVERNESS FL 34450
US

Mailing Address

~~1456 NORTH TORO DR.~~
INVERNESS FL ~~34453~~
US

*5435 So Landing Ter
Inverness FL
34450*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

30-0061716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINHAUER, FREDERICK JR.

~~1456 NORTH TORO DR.~~
INVERNESS FL 34453

5435 So LANDING

Name

Same - one address change

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

5435 So LANDING TERR

INVERNESS

FL

Zip Code

34450

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME *5435 So LANDING TERR*
STREET ADDRESS *INVERNESS FL 34450*
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME *5435 So LANDING TERR*
STREET ADDRESS *INVERNESS FL 34450*
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemptions contained in Section 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 #