2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L70962 1. Entity Name

WHOLESALE SOLAR SUPPLY, INC.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

R. REED WILSON

% R. REED WILSON 2213 ANDREA LANE #108 FT. MYERS, FL 33912 US Mailing Address

% R. REED WILSON 2213 ANDREA LANE #108 FT. MYERS, FL 33912 US



DO NOT WRITE IN THIS SPACE

01232008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0197114

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, R. REED 2213 ANDREA LANE #108 FT. MYERS, FL 33912

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		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000803908 02/05/08-80042-014	158.75
10.	OFFICERS AND DIREC	CTORS		<u> </u>	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, R. REED 2213 ANDREA LANE #108 FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, EDWARD W 2213 ANDREA LANE, #108 FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• .	•
TITLE 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 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

EDWARD W. HALL

1/23/08 239-482-5756 Data Daytime Phone #