

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000003439

1. Entity Name
WHOLESALE RADIO PLUS, INC.



Principal Place of Business
1507 52ND STREET, NORTH
ST. PETERSBURG, FL 33710

Mailing Address
1507 52ND STREET, NORTH
ST. PETERSBURG, FL 33710



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3617754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALTON, CAROLYN J
1507 52ND STREET, NORTH
ST. PETERSBURG, FL 33710

**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

U000000943090
05/29/08-80047-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DALTON, JOSEPH H
STREET ADDRESS 1507 52ND STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE D
NAME DALTON, CAROLYN J
STREET ADDRESS 1507 52ND STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE
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CITY-ST-ZIP

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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

Joseph Dalton

Date

4/27/08 727453183

Daytime Phone #