

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90344 011 ***150.00

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1. Entity Name

WHOLESALE SOUTH DISTRIBUTING, INC.



Principal Place of Business

2324 WAVERLY BARN RD
DAVENPORT FL 33897

Mailing Address

P.O. BOX 105035
ATTN: TAX DEPT.
ATLANTA GA 30348-5035

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 (10/04)

4. FEI Number
59-3630535

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CAS
NAME BOLCH, JR., CARL ☐ Delete
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE C/AS/CEO/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEOD ☒ Delete
NAME BOLCH, JR., CARL
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE D ☐ Change ☒ Addition
NAME Allison Bolch Moran
STREET ADDRESS 2324 Waverly Barn Rd.
CITY-ST-ZIP Davenport FL 33897

TITLE PASD ☐ Delete
NAME LENKER, MAX
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

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

TITLE SD ☐ Delete
NAME BOLCH, SUSAN BASS
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

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

TITLE CFOT ☐ Delete
NAME DUMBACHER, ROBERT J
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

TITLE CFO/Treas/AS/Dir. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME CZAJA, CLAUDE P
STREET ADDRESS 2324 WAVERLY BARN RD
CITY-ST-ZIP DAVENPORT FL 33897

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:

R J Dumbacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

(770) 431-7600, x.1188

Date

Daytime Phone #