2007 FOR PROFIT CORPORATION

FILED Mar 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000007749

1. Entity Name WHOLESALE SOUTH DISTRIBUTING, INC.							03-05-2007	7 90065	012 ***1:	50.00
2324 WAVERLY BARN RD 3 DAVENPORT, FL, 33897 S			Mailing Address 3225 CUMBERLAND BI STE. 100 ATLANTA, GA 30339	3225 CUMBERLAND BLVD. Ste. 100			ı abili balık bank balıl balı	IR Br ite Ba lee en	e n 1 22 11 8/212 12	İNÂN II IZBI
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007	Chg-P	CR2E	34 (12/06)			
City & State		City & State	City & State		4. FEI Numb 59-363				pplied For ot Applicable	
Zip	Zip Country		Zip			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered .	Agent		
					Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Street Address		s (P.O. Box Numb	er is Not Acceptable	9)		
				City				FL	Zip Cod	ie
8. The above	named entity tions of regist	y submits this statement fo tered agent,	r the purpose of changing its	registere	ed office or regist	stered agent, or bo	th, in the State of Flo		familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable (NOTE	Registered	1 Agent signature requi	wed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing										
FIL After M	E N OW !!! ay 1, 2007	FEE 1S \$150.00 7 Fee will be \$550.0		_	~ — 🔻	55.00 May Be dded to Fees				
FIL After M	E NOW!!! ay 1, 2007	FEE IS \$150.00 7 Fee will be \$550.0	Trust Fund Conti	_	~ — 🔻	dded to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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After M	ay 1, 2007	7 Fee will be \$550.0 OFFICERS AND	Trust Fund Conti DIRECTORS	ibution.		dded to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
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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.