

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013592

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** DIRECT WHOLESALE DISTRIBUTORS CORPORATION

**Current Principal Place of Business:**

4014 GUNN HWY SUITE 160  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4014 GUNN HWY SUITE 160  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3699076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DANIELS, DANIEL F  
4014 GUNN HWY # 160  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DANIELS, DANIEL F  
Address: 4014 GUNN HWY # 160  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: SCHISER, GILBERT C  
Address: 4014 GUNN HWY STE: 160  
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GILBERT C. SCHISLER

D

01/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date