

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 033 ***150.00

DOCUMENT # P01000034241	
1. Entity Name A & M WHOLESALE, INC.	

Principal Place of Business 150 LEDGENS LAKE DR. PANAMA CITY BEACH, FL 32411	Mailing Address PO B 27450 PANAMA CITY BEACH, FL 32411
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54053518



01242004 No Chg-P CH21.034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3707092	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761

**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: Agent or (owner) owner of registered agent and also if applicable (a) (1) (Registered Agent signature required when necessary) (b) (1) (b) (1)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS:	
TITLE P	NAME MORROS, ANDREW K
STREET ADDRESS 150 LEDGENS LAKE DR.	CITY-STATE-ZIP PANAMA CITY BEACH, FL 32411
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information furnished 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 of this report, or on an attached sheet, with all other necessary approvals.

SIGNATURE: *Andrew K Morros* 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF QUALIFYING OFFICER OR DIRECTOR Date