


# 2004 - FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000113368</b>	
<b>1. Entity Name</b> STEPHENS WHOLESALE INC.	

<b>Principal Place of Business</b> 2151 SW 117TH TERRACE DAVIE FL 33325	<b>Mailing Address</b> 2151 SW 117TH TERRACE DAVIE FL 33325
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-1156379	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
GERBER, STEPHEN 2151 SW 117TH TERRACE DAVIE FL 33325	
<b>7. Name and Address of New Registered Agent</b>	
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.

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
PVST	GERBER, STEPHEN		
STREET ADDRESS	2151 SW 117TH TERRACE		
CITY - ST - ZIP	DAVIE FL 33325		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
D	GERBER, STEPHEN		
STREET ADDRESS	2151 SW 117TH TERRACE		
CITY - ST - ZIP	DAVIE FL 33325		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
STREET ADDRESS			
CITY - ST - ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
STREET ADDRESS			
CITY - ST - ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
STREET ADDRESS			
CITY - ST - ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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.

<b>SIGNATURE:</b>		2/24/04	904-802-5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #