


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000003836 1. Entity Name ALL WHOLESALE COMPUTING, INC.	
---	---

Principal Place of Business 4422 WEST HWY 40 STE 7 OCALA, FL 34482	Mailing Address 4422 WEST HWY 40 STE 7 OCALA, FL 34482
--	--

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

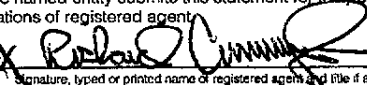
4. FEI Number 90-0005084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, RICHARD
4422 WEST HWY 40 STE 7
OCALA, FL 34482

**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:  DATE: 1-19-04

(NOTE: Registered Agent signature required when reinstating).

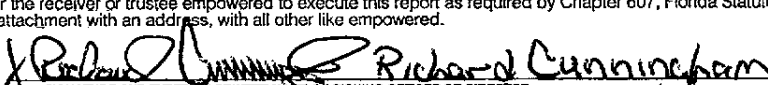
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV CUNNINGHAM, RICHARD 4422 WEST HWY 40 STE 7 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CUNNINGHAM, RICHARD 4422 WEST HWY 40 STE 7 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000022957
02/02/04-80007-005 150.00

**DO NOT WRITE
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)(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 16 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Richard Cunningham Date: 1/19/2004 Daytime Phone #: 352-351-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR