

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 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**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**90-0005084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U00000557464  
05/17/06-80052-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4-26-06 352-351-1542**