

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000040854

1. Entity Name
SOUTH FLORIDA WHOLESALE, CORP.



Principal Place of Business
**SOUTH FLORIDA WHOLESALE
2655 CALADIUM WAY
NAPLES, FL 34105**

Mailing Address
**SOUTH FLORIDA WHOLESALE
2655 CALADIUM WAY
NAPLES, FL 34105**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0583922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, GAREY
FOWLER WHITE BOGGS BANKER PA
2201 SECOND STREET 5TH FLOOR
FORT MYERS, FL 33901**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENEFEE, EDWARD L
STREET ADDRESS	2655 CALADIUM WAY
CITY- ST- ZIP	NAPLES, FL 34105
TITLE	VP
NAME	MENEFEE, ROBERT L
STREET ADDRESS	3041 GOLANSKY BLVD.
CITY- ST- ZIP	WOODBIDGE, VA 22192
TITLE	ST
NAME	MENEFEE, SHIRLEY S
STREET ADDRESS	2655 CALADIUM WAY
CITY- ST- ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

400000115440
04/16/04-80024-012 150.00

**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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley S. Menefee

Shirley S. Menefee 4/13/04 2394347490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #