


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P02000040854**  
 1. Entity Name  
**SOUTH FLORIDA WHOLESAL, CORP.**



Principal Place of Business <b>SOUTH FLORIDA WHOLESAL          2655 CALADIUM WAY          NAPLES, FL 34105</b>	Mailing Address <b>SOUTH FLORIDA WHOLESAL          2655 CALADIUM WAY          NAPLES, FL 34105</b>
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0583922</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENEFFEE, EDWARD L 2655 CALADIUM WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENEFFEE, ROBERT L 3041 GOLANSKY BLVD. WOODBIDGE, VA 22192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MENEFFEE, SHIRLEY S 2655 CALADIUM WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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400000115440  
 04/16/04-80024-012 150.00

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 #