


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 008 \*\*\*150.00

<b>DOCUMENT # P02000040854</b> 1. Entity Name SOUTH FLORIDA WHOLESALE, CORP.	
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Principal Place of Business 2578 KING PALM WAY NAPLES FL 34105	Mailing Address 2578 KING PALM WAY 2655 CALADIUM WAY NAPLES FL 34105
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2. Principal Place of Business 2378 King Palm Way Suite, Apt. #, etc.	3. Mailing Address 2378 King Palm Way Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Naples FL	City & State Naples, FL	4. FEI Number 02-0583922	Applied For Not Applicable
Zip 34105	Country USA	Zip 34105	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> BUTLER, GAREY FOWLER WHITE BOGGS BANKER PA 2201 SECOND STREET 5TH FLOOR FORT MYERS FL 33901
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENEFFEE, EDWARD L		STREET ADDRESS	
STREET ADDRESS 2378 KING PALM WAY		CITY-ST-ZIP	
CITY-ST-ZIP NAPLES FL 34105			
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENEFFEE, ROBERT L		STREET ADDRESS	
STREET ADDRESS 3041 GOLANSKY BLVD.		CITY-ST-ZIP	
CITY-ST-ZIP WOODBIDGE VA 22192			
TITLE ST	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENEFFEE, SHIRLEY S		STREET ADDRESS	
STREET ADDRESS 2378 KING PALM WAY		CITY-ST-ZIP	
CITY-ST-ZIP NAPLES FL 34105			
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Shirley S. Menefee 4/12/06 239-434-7490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #