

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070111

FILED
Apr 30, 2008
Secretary of State

Entity Name: PARTNERS WHOLESale, INC.

Current Principal Place of Business:

1613 E DUVAL ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 370
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 02-0622023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JOSEPH D
1613 E DUVAL ST
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: GREEN, JOSEPH D
Address: 2599 E DUVAL ST
City-St-Zip: LAKE CITY, FL 32055

Title: MS () Delete
Name: GREEN, AMANDA S
Address: 2599 E DUVAL ST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: GREEN, JOSEPH D
Address: 1613 E DUVAL ST
City-St-Zip: LAKE CITY, FL 32055

Title: MS (X) Change () Addition
Name: GREEN, AMANDA S
Address: 1613 E DUVAL ST
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D GREEN

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date