

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 041 ***150.00

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1. Entity Name
W.T.F. WHOLESALE SUPPLIERS CORP



Principal Place of Business
2749 S RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119

Mailing Address
2749 S RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119

2. Principal Place of Business
209 Dunklanton Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 214249
Suite, Apt. #, etc.



03182005 Chg-P CR2E034 (10/03)

City & State
Port Orange, FL.
Zip 32127 Country US

City & State
Zip Country

4. FEI Number
05-0566217
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEFANIAK, TODD
2749 S RIDGEWOOD AVE
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name Stefaniak, Todd
Street Address (P.O. Box Number is Not Acceptable)
209 Dunklanton Ave.
City Port Orange FL Zip Code 32127

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, 2005 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 STEFANIAK, TODD
STREET ADDRESS 2749 S RIDGEWOOD AVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☐ Delete

TITLE S
NAME STEFANIAK, TODD
STREET ADDRESS 2749 S RIDGEWOOD AVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☒ Delete

TITLE T
NAME STEFANIAK, TODD
STREET ADDRESS 2749 S RIDGEWOOD AVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME Stefaniak, Todd
STREET ADDRESS P.O. Box 214249
CITY-ST-ZIP S. Daytona, FL 32119 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Todd Stefaniak 4/7/05