


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90467 024 ***150.00

DOCUMENT # P03000056721
 1. Entity Name
SOUTHEAST WHOLESALE SPECIALTIES, INC.



Principal Place of Business 1250 SEMINOLE BLVD. SUITE 1 LARGO, FL 33770	Mailing Address 1250 SEMINOLE BLVD. SUITE 1 LARGO, FL 33770
--	--

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3694447	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 LEBLANC, ALBERT G
 1250 SEMINOLE BLVD.
 SUITE 1
 LARGO, FL 33770

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!!! FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	P LEBLANC, ALBERT G 1250 SEMINOLE BLVD., #1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAUNDAGE, GARY 1250 SEMINOLE BLVD., #1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, LILLIAN 1250 SEMINOLE BLVD., #1 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Albert G. LeBlanc* Date: 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #