

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90004 010 \*\*\*150.00

**DOCUMENT # P03000080241**

1. Entity Name  
**AMERICAN WHOLESALERS FURNITURE, INC.**



Principal Place of Business  
**528 S.E. NOME DRIVE  
PORT ST. LUCIE, FL 34984**

Mailing Address  
**528 S.E. NOME DRIVE  
PORT ST. LUCIE, FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06162004

Chg-P

CR2E034 (10/03)

4. FEI Number

**56-2380063**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUMMO, JOSEPH  
528 S.E. NOME DRIVE  
PORT ST. LUCIE, FL 34984**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>RUMMO, JOSEPH</b>	
STREET ADDRESS	<b>528 S.E. NOME DRIVE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34984</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>SANDY ALLEN</b>	
STREET ADDRESS	<b>528 NOME DR</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34984</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

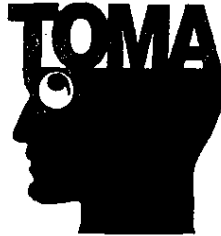
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-15-04** (772) 463-1176  
954-612-4902

Attachment 54058042  
#P03000080241



**Profit from the power of  
TOP OF MIND AWARENESS!**

*To whom this may concern  
the annual report notice was  
not received please wave fee*

*Thank you  
Sandy Allen*

*American wholesalers Inc  
772-463-1176  
Cel 954-612-4902*



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