

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105982

FILED
Jul 01, 2005
Secretary of State

Entity Name: FAMILY WHOLESALERS & DISTRIBUTORS, INC.

Current Principal Place of Business:

7685 NW 88TH WAY
TAMARAC, FL 33321

New Principal Place of Business:

6759 DUVAL AVE
WEST PALM BEACH, FL 33411

Current Mailing Address:

7685 NW 88TH WAY
TAMARAC, FL 33321

New Mailing Address:

6759 DUVAL AVE
WEST PALM BEACH, FL 33411

FEI Number: 03-0529132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES PA
2832 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TENINTY, SCOTT
Address: 7685 NW 88TH WAY
City-St-Zip: TAMARAC, FL 33321

Title: ST () Delete
Name: TENINTY, NICOLE E
Address: 7685 NW 88TH WAY
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TENINTY, SCOTT
Address: 6759 DUVAL AVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST (X) Change () Addition
Name: TENINTY, NICOLE E
Address: 6759 DUVAL AVE
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT TENINTY

PD

07/01/2005

Electronic Signature of Signing Officer or Director

Date