

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145293

FILED
Mar 09, 2005
Secretary of State

Entity Name: SIG WHOLESale DISTRIBUTION, INC.

Current Principal Place of Business:

7905 HOPI PLACE
TAMPA, FL 33634

New Principal Place of Business:

8010 WOODLAND CENTER BOULEVARD
SUITE 500
TAMPA, FL 33614

Current Mailing Address:

7905 HOPI PLACE
TAMPA, FL 33634

New Mailing Address:

8010 WOODLAND CENTER BOULEVARD
SUITE 500
TAMPA, FL 33614

FEI Number: 20-0455061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RENALDO, JAMES S
7005 HOPI PLACE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

RENALDO, JAMES S
8010 WOODLAND CENTER BOULEVARD
SUITE 500
TAMPA, FL 33614 US

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: /JAMES S. RENALDO/

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENALDO, JAMES S
Address: 7905 HOPI PLACE
City-St-Zip: TAMPA, FL 33634

Title: S (X) Delete
Name: HANDEL, HOPE R
Address: 7905 HOPI PLACE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: RENALDO, JAMES S
Address: 8010 WOODLAND CENTER BOULEVARD, STE 500
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: /JAMES S. RENALDO/

P/S

03/09/2005

Electronic Signature of Signing Officer or Director

Date