2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000149182

1. Entity Name
OM WHOLESALE, INC.

Principal Place of Business	Mailing Address
4620 KASON COYE DR, APT 703 ORLANDO, FL 32811-7482	4620 KASON COYE DR, APT 703 ORLANDO, FL 32811-7482

DO NOT WRITE IN THIS SPACE

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
20-0528892		Not Applicable

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

6. Name and Address of Current Registered Agent

SYLVA, MILTON S
6807 EDEN LN
TAMPA, FL 33634

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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	PT
NAME	MCKINLEY, ORLANDA
STREET ADDRESS	4620 KASON COYE DR, APT 703
CITY-ST-ZIP	ORLANDO, FL 328117482

TITLE	S
NAME	SYLVA, MILTON S JR
STREET ADDRESS	6807 EDEN LN
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

U00000340526
04/28/05-80121-009 150.00

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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: _____   4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #