2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2005 8:00 am Secretary of State

DOCUMENT # P04000056316 1. Entity Name D.P. WHOLESALE, INC.						06-20-2005	5 90002 030 ***	*150.00		
Principal Place of Business Mailing Address						_	- ^ -			
13804 LACEBARK PINE ROAD ORLANDO, FL 32832		13804 LACEBARK PINE ROAD ORLANDO, FL 32832			40088691					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06162005	Chg-P	CR2E034 (10/	03)		
City & State		City & State	City & State		4. FEI Numb	097615	<i>i</i>	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$8.75 Fee Red	Additional		
	6. Name and Address of Current I	Registered Agent			7. Name and	d Address of New		141100		
DADSONS	PARSONS, RONALD D				Name					
13804 LAC	CEBARK PINE ROAD		Street Address (P.O. Box Number is Not Acceptable)				
OKLANDO), FL 32832									
			City	FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registere	ed agent, or bo	oth, in the State of F	lorida. 1 am familiar v	vith, and accept		
SIGNATURE.										
JIGHT TOTAL	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Trust Fund Contribut				\$5. Adde	00 May Be ed to Fees	In accordance corporation did	with s. 607.193(2) I not receive the pi	(b), F.S., the ior notice.		
10. OFFICERS AND DIRE		DIRECTORS	ORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☐ Defete	TITLE				☐ Cha	nge 🔲 Addition		
NAME STREET ADDRESS	PARSONS, RONALD D 13804 LACEBARK PINE ROAD		NAME STREET ADDRESS							
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-SI-ZIP							
TITLE	VP	☐ Delete	TITLE				☐ Cha	nge Addition		
NAME STREET ADDRESS	PARSONS, JENNIFER L 13804 LACEBARK PINE ROAD		NAME STREET ADDRESS							
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			-	☐ Cha	nge 🗌 Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Cha	nge 🔲 Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Cha	nge 🗌 Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Cha	nge 🔲 Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			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.

617/05 407-277-8685 SIGNATURE:

ATTACHMENT

D. P. WHOLESALE, INC.

13804 Lacebark Pine Rd. Orlando, FL 32832 #P048691 #P0400056316

June 17, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is our Annual Report. We just recently completed our first year after starting the corporation. It just came to my attention last week that an annual report was due. Had I known earlier, this report would have been sent before May 1st. Please forgive the delay of this report.

Sincerely,

Jennifer Parsons Vice President