

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 010 ***150.00

DOCUMENT # P04000105039

1. Entity Name

WHOLESALE TRANSMISSIONS, INC.



Principal Place of Business

**3929 AMERICAN PLAZA BLVD
LAND O LAKES FL 34639**

Mailing Address

**3929 AMERICAN PLAZA BLVD
LAND O LAKES FL 34639**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 715

Suite, Apt. #, etc.

City & State

City & State

Lutz, FL

Zip

Country

Zip

33548

Country

Pasco

4. FEI Number

84-1658805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, J. MCGILL
1628 N DALE MABRY
LUTZ FL 33549-0881**

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LAWRENCE, MICHAEL A**
STREET ADDRESS **3929 AMERICAN PLAZA BLVD**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **D** ☐ Delete
NAME **LAWRENCE, SANDRA L**
STREET ADDRESS **23237 SIERRA ROAD**
CITY-ST-ZIP **LAND O LAKES FL 33639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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:

Michael A. Lawrence

Michael A. Lawrence, President 813-995-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-18-05** Daytime Phone #