2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003410

1. Entity Name
DOUG MAROTTA'S WHOLESALE, INC.

Principal Place of Business	Mailing Address
1241 SW BILTMORE STREET	1241 SW BILTMORE STREET
PORT ST. LUCIE, FL 34983 US	PORT ST. LUCIE, FL 34983 US

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2728337	Not Applicable

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

6. Name and Address of Current Registered Agent

MAROTTA, DOUGLAS
1241 SW BILTMORE STREET
PORT ST. LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAROTTA, DOUGLAS
STREET ADDRESS	1241 SW BILTMORE STREET
CITY ST ZIP	PORT ST. LUCIE, FL 34983

TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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02/28/07-80060-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

1772

SIGNATURE: *Douglas Marotta* Douglas MAROTTA   2-15-07   879-7600

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