09/05/2006 17:32 3867742560

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Secretary of State
09-12-2006 90008 026 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057439

1. Entity Name
THE WHOLESALE HUT, INC.

Principal Place of Business	Mailing Address
454 PRESTWICK CT MELBOURNE, FL 32940	454 PRESTWICK CT MELBOURNE, FL 32940

09052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
3150 SUNTREE BLVD.		454 PRESTWICK CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MELBOURNE, FL		City & State: MELBOURNE, FL	
Zip: 32940	Country: U.S.A	Zip: 32940	Country: U.S.A.

4. FEI Number: 20309 1880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMPLE, WILLIAM E
454 PRESTWICK CT
MELBOURNE, FL 32940

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: William E. Sample III [signature] 9-5-06
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
Due by September 15, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPLE, WILLIAM E 454 PRESTWICK CT MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] William E. Sample II 9-5-06 (321) 890-8789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #