

2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 038 ***150.00

DOCUMENT # P05000068442

1. Entity Name

WHOLESALE MERCHANDISE LOCATORS, INC.



Principal Place of Business

2940 SW 5TH PLACE
CAPE CORAL FL 33914

Change Address

Mailing Address

2940 SW 5TH PLACE
CAPE CORAL FL 33914

Change address



2. Principal Place of Business - No P.O. Box #

902 S.W. 52nd Street

Suite, Apt. #, etc.

Cape Coral

City & State

FL

Zip

33914

Country

LEE

3. Mailing Address

902 SW 52nd Street

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

Lee

1st MOORE

CR2E034 (10/06)

4. FEI Number 75-3189891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EYERMAN, JACQUELINE L
2940 SW 5TH PLACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

902 SW 52nd Street

City

Cape Coral, FL

FL

Zip Code

33914

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

SAME Registered officer 4-2-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	EYERMAN, JACQUELINE L	
STREET ADDRESS	2940 SW 5TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	EYERMAN, DARRYL L	
STREET ADDRESS	2940 SW 5TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	902 SW 52nd Street	
STREET ADDRESS	902 SW 52nd Street	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	902 SW 52nd Street	
STREET ADDRESS	902 SW 52nd Street	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jacqueline Eyerman

Date

4-2-07

Daytime Phone #

839 1107420