

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000097861

Entity Name: MCD WHOLESale INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5600 9TH STREET NORTH  
ST. PETERSBURG, FL 337031206 US

**New Principal Place of Business:**

**Current Mailing Address:**

5600 9TH STREET NORTH  
ST. PETERSBURG, FL 337031206 US

**New Mailing Address:**

FEI Number: 37-1513109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDEN, DONALD M  
5600 9TH STREET NORTH  
ST. PETERSBURG, FL 337031206 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: WALDEN, DONALD M  
Address: 5600 9TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 337031206 US

Title: VPST  
Name: WALDEN, ANN M  
Address: 5600 9TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 337031206 US

Title: D  
Name: WALDEN, ANN M  
Address: 5600 9TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 337031206 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD M WALDEN

P D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date