

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144977

**FILED**  
**Jul 06, 2010**  
**Secretary of State**

**Entity Name:** SHAFFER WHOLESALE DISTRIBUTION, INC.

**Current Principal Place of Business:**

5415 W. HOMOSASSA TRAIL  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

5415 W. HOMOSASSA TRAIL  
LECANTO, FL 34461

**New Mailing Address:**

**FEI Number:** 20-5930236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, DAWN  
5415 W. HOMOSASSA TRAIL  
LECANTO, FL 34461 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: PT  
Name: DIAZ, DAWN  
Address: 5415 W. HOMOSASSA TRAIL  
City-St-Zip: LECANTO, FL 34461

Title: VPS  
Name: DIAZ, HILMAN  
Address: 5415 W. HOMOSASSA TRAIL  
City-St-Zip: LECANTO, FL 34461

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: DAWN DIAZ

PT

07/06/2010

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

\_\_\_\_\_  
Date