


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P25526 1. Entity Name VARIETY WHOLESALERS, INC.	
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Principal Place of Business 1000 FACET RD HENDERSON, NC 27536	Mailing Address PO DRAWER 947 HENDERSON, NC 27536
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0653322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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.

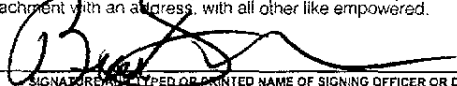
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000553322 05/15/06-80059-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P POPE, JOHN W. 3401 GRESHAMBO LAKE RD RALEIGH, NC 27619
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SAWYER, WILSON 3401 GRESHAMS LAKE RD RALEIGH, NC 276198
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST POPE, JOHN W 3401 GRESHAMIS LAKE RD RALEIGH, NC 27619
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPC SPRUNGER, BRANT 1000 FAUCET RD HENDERSON, NC 27537
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D POPE, JOYCE 2520 GLENWOOD AVE. RALEIGH, NC
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP FAVREAU, KEITH 1000 FACOT RD HENDERSON, NC 27536

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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.

SIGNATURE:  4/22/2006 (252) 430-2376  
\_\_\_\_\_  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #