

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90024 022 \*\*\*150.00

**DOCUMENT # P98000042672**

1. Entity Name  
**MID FLORIDA WHOLESALERS, INC.**



Principal Place of Business  
**4175 NCR 427  
SANDFORD, FL 32773**

Mailing Address  
**7751 MARKHAM BEND PLACE  
SANFORD, FL 32771 US**

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

3. Mailing Address

**764 WHOOPING CRANE COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LAKE FOREST, FL**

Zip

Country

Zip

Country

**32771**

**USA**

03062007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3511058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PIZANO, JOHN W  
7751 MARKHAM BEND PLACE  
SANFORD, FL 32771**

7. Name and Address of New Registered Agent

Name **PIZANO, JOHN W.**

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

**764 WHOOPING CRANE COURT**

City **LAKE FOREST**

**FL**

Zip Code

**32771**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P** ☐ Delete  
**PIZANO, JOHN W**  
STREET ADDRESS  
**7751 MARKHAM BEND PLACE**  
CITY-ST-ZIP  
**SANFORD, FL 32771**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P** ☒ Change ☐ Addition  
**PIZANO, JOHN W.**  
STREET ADDRESS  
**764 WHOOPING CRANE COURT**  
CITY-ST-ZIP  
**LAKE FOREST, FL 32771**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #