

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045557

FILED
Apr 08, 2004
Secretary of State

Entity Name: WHOLESALE LOGISTICS, INC.

Current Principal Place of Business:

9120 SAM'S LAKE RD.
CLERMONT, FL 34711

New Principal Place of Business:

13537 GRANVILLE AVENUE
SUITE 9
CLERMONT, FL 34711

Current Mailing Address:

9120 SAM'S LAKE RD
CLERMONT, FL 34711

New Mailing Address:

PO BOX 2309
MINNEOLA, FL 34755

FEI Number: 59-3512209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, DIANA MRS.
9120 SAM'S LAKE RD
CLERMONT, FL 34711

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELLIOTT, DIANA MRS.
Address: 9120 SAM'S LAKE RD
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ELLIOTT, PAUL MR
Address: 9120 SAM'S LAKE RD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANA L ELLIOTT

D

04/08/2004

Electronic Signature of Signing Officer or Director

Date