

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 001 ***150.00

DOCUMENT # P99000024876

1. Entity Name
IMPORTICO WHOLESALERS, INC.



Principal Place of Business
**4344 CORPORATE SQUARE
#3
NAPLES, FL 34104**

Mailing Address
**4344 CORPORATE SQUARE
#3
NAPLES, FL 34104**

00007736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0910151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIE, NOELLE R
864 BELVILLE BLVD.
NAPLES, FL 34104**

Name

Christie, Noelle R

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

575 Henley Drive

City

Naples

FL

Zip Code

34104

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

Noelle Christie

Noelle Christie

3/27/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CHRISTIE, ROBERT A**
STREET ADDRESS **230-1 W NAOMI DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

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

TITLE **S** ☐ Delete
NAME **CHRISTIE, ROSWITHA R**
STREET ADDRESS **230-1 W NAOMI DRIVE**
CITY-ST-ZIP **NAPLES, FL 34104**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Robert A. Christie

Robert A. Christie

3-27-06 (229) 263-863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #