


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 016 ***150.00

| | |
|---|---|
| DOCUMENT # S22983 |  |
| 1. Entity Name CHARLOTTE COUNTY WHOLESALE, INC. | |

| | |
|--|--|
| Principal Place of Business 900 TAMiami TRAIL PORT CHARLOTTE, FL 33953 | Mailing Address 900 TAMiami TRAIL PORT CHARLOTTE, FL 33953 |
|--|--|

54054885



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

05052004 Chg-P CR2E034 (10/03)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent OAKS, DAVID K 201 W MARION AVE SUITE 205 PUNTA GORDA, FL 33950 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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 \$550.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP | SD GILL, MICHAEL JAMES 33900 BERMONT RD PUNTA GORDA, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GILL, DENNIS SCOTT 33900 BERMONT RD PUNTA GORDA, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GILL, DIANE E 2152 MISTLETO LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Gill, Diane E 33650 BERMONT RD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILL, ROBERT R 2152 MISTLETO LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gill, Sr. Robert R 33650 BERMONT RD PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Diane E. Gill Diane E. Gill 5/12/04 941-627-2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54024885



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Business Entity Name

CHARLOTTE COUNTY WHOLESALE, INC.

FEI Number

650236901

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

900 TAMIAMI TRAIL

Suite, Apt. #, etc.

City, State

PORT CHARLOTTE

FL

Zip Code & Country

33953

Mailing Address

Address

900 TAMIAMI TRAIL

Suite, Apt. #, etc.

City, State

PORT CHARLOTTE

FL

Zip Code & Country

33953

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

or RA Business Name

OAKS, DAVID K

Address

407 E MARION AVE

Suite, Apt. #, etc.

City, State

PUNTA GORDA

FL

Zip Code & Country

33950

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

CHARLOTTE COUNTY WHOLESALE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title SD
Name (Last, First, Middle, Title)
-or- Entity Name GILL, MICHAEL JAMES
Street Address 33900 BERMONT RD
City, State PUNTA GORDA, FL
Zip Code & Country

Delete

Title TD
Name (Last, First, Middle, Title)
-or- Entity Name GILL, DENNIS SCOTT
Street Address 33900 BERMONT RD
City, State PUNTA GORDA, FL
Zip Code & Country

Delete

Title PD
Name (Last, First, Middle, Title) GILL DIANE E
-or- Entity Name
Street Address 33650 BERMONT ROAD
City, State PUNTA GORDA, FL
Zip Code & Country 33980

Title D
Name (Last, First, Middle, Title) GILL ROBERT R
-or- Entity Name
Street Address 33650 BERMONT ROAD