2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V67723

1. Entity Name

ALTMAN WHOLESALE INCORPORATED

Principal Place of Business	Mailing Address
5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL 32656	5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL 32656

07082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3153329	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, SUSAN
5975 COUNTY ROAD 352
KEYSTONE HEIGHTS, FL 32656

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 **Due by September 6, 2006**	9. Election Campaign Financing . Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTMAN, HUGH L
STREET ADDRESS	5975 COUNTY ROAD 352
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL

TITLE	
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07/13/06-80008-017 150.00

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: _Susan Altman_   7/9/06   904-257-4958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #