


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90024 002 ***150.00

DOCUMENT # V67723 1. Entity Name ALTMAN WHOLESALE INCORPORATED					
Principal Place of Business 5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL 32656			Mailing Address 5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 5975 COUNTY ROAD 352		Suite, Apt. #, etc. 5975 COUNTY ROAD 352			
City & State KEYSTONE HEIGHTS, FL		City & State KEYSTONE HEIGHTS, FL			
Zip 32656		Country USA		Zip 32656	
Country USA		Country USA			
6. Name and Address of Current Registered Agent ALTMAN, SUSAN 5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL 32656			7. Name and Address of New Registered Agent Name SUSAN ALTMAN Street Address (P.O. Box Number is Not Acceptable) 5975 COUNTY ROAD 352 City KEYSTONE HEIGHTS FL Zip Code 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 <u><i>Susan Altman</i></u> SUSAN ALTMAN ^D <u>2/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	b. ALTMAN, HUGH L <input type="checkbox"/> Delete 5975 COUNTY ROAD 352 KEYSTONE HEIGHTS, FL		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	
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	
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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: <u><i>Susan Altman</i></u> SUSAN ALTMAN ^D <u>2/14/07</u> <u>352-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small> <u>473-7027</u>					

