

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50806

Entity Name: WHISPER CREEK, INC.

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

3745 NORTH STATE RD. 29 SW
LABELLE, FL 33935

New Principal Place of Business:

3745 NORTH STATE RD. 29 SW
LABELLE, FL 33935 US

Current Mailing Address:

3745 NORTH STATE RD. 29 SW
LABELLE, FL 33935

New Mailing Address:

3745 NORTH STATE RD. 29 SW
LABELLE, FL 33935 US

FEI Number: 65-0029301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIRLEY, JUANITA M TREAS
3745 NORTH STATE RD. 29 SW
LABELLE, FL 33935 US

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: CAVIN, JANET K VP/D
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: S/D () Delete
Name: CHRISTENSON, CHERI L SEC
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: T/D () Delete
Name: SHIRLEY, JUANITA M TREAS
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D () Delete
Name: SHIRLEY, WALTER A VICE PR
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D () Delete
Name: CHRISTENSON, DARRELL L VICE PR
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

Title: P/D () Delete
Name: CAVIN, WILLIAM J P
Address: % 3745 NORTH ST. RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: CAVIN, JANET K VICE PR
Address: % 3745 NORTH STATE RD. 29 SW
City-St-Zip: LABELLE, FL 33935 US

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUANITA M. SHIRLEY

TREA

02/04/2008

Electronic Signature of Signing Officer or Director

Date