

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50806

FILED
Apr 29, 2011
Secretary of State

Entity Name: WHISPER CREEK, INC.

Current Principal Place of Business:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935 US

New Mailing Address:

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
1887 NORTH STATE ROAD 29
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

OFFICERS AND DIRECTORS:

Title: VP/D
Name: CAVIN, JANET K VICE PR
Address: % 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: S/D
Name: CHRISTENSON, CHERI L SEC
Address: % 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: T/D
Name: SHIRLEY, JUANITA M TREAS
Address: % 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D
Name: SHIRLEY, WALTER A VICE PR
Address: % 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: P/D
Name: CAVIN, WILLIAM J
Address: % 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

I hereby 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 all other like empowered.

SIGNATURE: JUANITA M. SHIRLEY

TREA

04/29/2011

Electronic Signature of Signing Officer or Director

Date