


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000052756

1. Entity Name
WHITMORE'S CUSTOM WOODWORKING, INC.



Principal Place of Business Mailing Address

54 FLORIDA AVE **54 FLORIDA AVE**
ST AUGUSTINE, FL 32084 US **ST AUGUSTINE, FL 32084 US**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 81-0669858 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WHITMORE, FRANCES M S.T.
54 FLORIDA AVE
ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000934584
05/23/08-80039-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P WHITMORE, ERIC L 54 FLORIDA AVE ST AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T WHITMORE, FRANCES 54 FLORIDA AVE ST AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: *Frances M. Whitmore* *Frances M. Whitmore* *4-15-08* *904 669-8616*

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