FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 007 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000079121

1. Entity Name
WHITSON ADVERTISING, INC.

Principal Place of Business	Mailing Address
1045 JACOB WAY ODESSA, FL 33556	1045 JACOB WAY ODESSA, FL 33556

400014

01242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3514 YORKSHIRE CT.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MILL, SC	City & State
Zip: 29707-7829 Country: LANCASTER	Zip Country

4. FEI Number: 20-2968034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITSON, MARCIE 1045 JACOB WAY ODESSA, FL 33556	Name: CAROL KNOUASE Street Address (P.O. Box Number is Not Acceptable): 2010 PALMER WAY City: PALM HARBOR FL Zip Code: 34685

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: Carol Knouase CAROL KNOUASE VP 1-26-08
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WHITSON, MARCIE 1045 JACOB WAY ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITSON, MARCIE 3514 YORKSHIRE CT FORT MILL, SC 29707-7829 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROL KNOUASE 2010 PALMER WAY PALM HARBOR, FL. 34685 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: MARCIE WHITSON 1-26-08 813-787-1347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #