

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085999

FILED
May 01, 2009
Secretary of State

Entity Name: WHITMORE SOUTH ENTERPRISES INC

Current Principal Place of Business:

33943 SECRET HILL DR
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

33943 SECRET HILL DR
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 26-0719807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, PATRICIA G
1250 MT HOMER RD
SUITE 3
EUSTIS, FL 32726 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITMORE, TODD
Address: 33943 SECRET HILL DR
City-St-Zip: LEESBURG, FL 34788

Title: VP () Delete
Name: WHITMORE, SHARON
Address: 33943 SECRET HILL DR
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TODD WHITMORE

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date