

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009298

FILED
Aug 10, 2005
Secretary of State

Entity Name: 4WHAT, INC.

Current Principal Place of Business:

24017 PRODUCTION CIRCLE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 327
KENT CITY, MI 49330 US

New Mailing Address:

FEI Number: 65-0638732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSSETTA, JIM
8430 HOLLOW BROOKE CIRCLE
NAPLES, FL 34119 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: DV () Delete
Name: COSSETTA, JIM
Address: 8430 HOLLOW BROOKE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: DP () Delete
Name: ESCH, THOMAS J
Address: 90 SPRING STREET
City-St-Zip: KENT CITY, MI 49330

Title: DT () Delete
Name: MASTRO, WADE
Address: 8451 HOLLOW BROOKE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: ATWOOD, REID
Address: 518 96TH AVE NORTH
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: KENT, RICHARD J
Address: 90 SPRING ST
City-St-Zip: KENT CITY, MI 49330

Title: STD () Delete
Name: GOODFELLOW, RANDALL E
Address: 90 SPRING STREET
City-St-Zip: KENT CITY, MI 49330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: RANDALL E. GOODFELLOW

STD

08/10/2005

Electronic Signature of Signing Officer or Director

_____ Date