


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-24-2004 90024 050 ***150.00

DOCUMENT # S94043			
1. Entity Name RICHARD WHIGHAM, INC.			
Principal Place of Business 12995 S.W. 190TH ST. MIAMI FL 33189		Mailing Address 12995 S.W. 190TH ST. MIAMI FL 33189	
2. Principal Place of Business 11044 SR 674		3. Mailing Address 11044 SR 674	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WIMAUMA, FL		City & State WIMAUMA, FL	
4. FEI Number 65-0295957		Applied For Not Applicable	
Zip 33598		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIGHAM, RICHARD 12995 S.W. 190TH ST. MIAMI FL 33189		7. Name and Address of New Registered Agent Name: Whigham, Richard Street Address (P.O. Box Number is Not Acceptable): 11044 SR 674 City: WIMAUMA FL Zip Code: 33598	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WHIGHAM, RICHARD 12995 S.W. 190TH ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whigham, Richard 11044 SR 674 WIMAUMA, FL 33598 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHIGHAM, JUDY A. 12995 S.W. 190TH ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Whigham, Judy A. 11044 SR 674 WIMAUMA, FL 33598 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Judy Whigham STD		Date: 3/3/04 Daytime Phone #: 813-633-0743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Judy Whigham			

66404701



MOORE CR2E034 (11/03)