


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 08:00 AM
Secretary of State

DOCUMENT # V48600 1. Entity Name WHIP-IT PRODUCTS, INC.	
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Principal Place of Business 6876 QUINN STREET MILTON, FL 32570 US	Mailing Address P.O. BOX 30128 PENSACOLA, FL 32503-1128 US
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DO NOT WRITE IN THIS SPACE



06012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3117025	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

GAUDET, CAROL
 6876 QUINN ST.
 MILTON, FL 32570

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, DEE DEE 4097 LUTHER FOWLER PACE, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, JOANN H 3059 LARKHALL PL MILTON, FL 32583
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____