

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037468

**Entity Name:** WHITMORE SERVICES, INC.

**Current Principal Place of Business:**

379 SW NORTH SHORE BLVD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

379 SW NORTH SHORE BLVD  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 22-3978585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNUDSEN, WILLIAM H  
379 SW NORTH SHORE BVD  
PORT ST LUCIE, FL 34986 US

*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

**Officer/Director Detail :**

Title PD  
Name KNUDSEN, WILLIAM H  
Address 379 SW NORTH SHORE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SD  
Name KNUDSEN, CAROLINE M  
Address 379 SW NORTH SHORE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLINE KNUDSEN

**SECRETARY**

**04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date