

DOCUMENT # 326635

1. Entity Name

WHITING STREET CORPORATION

Principal Place of Business

119 WHITING ST
TAMPA FL 33602

Mailing Address

1928 RICHARDSON PL
TAMPA FL 33606
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1263506

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/04)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, ROBERT JOHN
1928 RICHARDSON PL
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$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

DEAN, ROBERT JOHN

1928 RICHARDSON PL.

TAMPA FL

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

REDMAN, RICHARD L

507 COLUMBIA DR

TAMPA FL

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

DEAN, KATE

1928 RICHARDSON PL.

TAMPA FL

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kate Dean, Treasurer

2-8-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #