2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 376134

1. Entity Name
WHS, INC.

Principal Place of Business	Mailing Address
1135 MARIPOSA AVE. BARTOW, FL 33830	1135 MARIPOSA AVE. BARTOW, FL 33830

03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1319513
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STIDHAM,WOFFORD H
1135 MARIPOSA
BARTOW, FL 33830

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STIDHAM,WOFFORD H.
STREET ADDRESS	1135 MARIPOSA
CITY-ST-ZIP	BARTOW, FL
TITLE	TD
NAME	STIDHAM,WOFFORD H
STREET ADDRESS	1135 MARIPOSA
CITY-ST-ZIP	BARTOW, FL
TITLE	SV
NAME	STIDHAM, JEFFERY W.
STREET ADDRESS	305 E LEMON ST
CITY-ST-ZIP	BARTOW, FL
TITLE	VD
NAME	STIDHAM, JONATHAN
STREET ADDRESS	645 E CHURCH STREET
CITY-ST-ZIP	BARTOW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/19/05-80004-009 550.00

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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)(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: ✓ _____ WOFFORD H. STIDHAM 8/19/05 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(1)