

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429842

FILED
Feb 05, 2007
Secretary of State

Entity Name: WHIDDON GLASS COMPANY, INC.

Current Principal Place of Business:

1617 S. MONROE ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1617 S. MONROE ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1479858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIDDON, DONALD T
1617 S MONRE ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TULLY, KATHRYN WHIDD, ON
Address: 4320 OAKMONT ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WHIDDON, WADE HAMPTO, N
Address: 1431 DOLPHIN DR
City-St-Zip: LAKE LAND, FL 33801

Title: VPD () Delete
Name: WHIDDON, MICHAEL EDW, ARD
Address: 6497 VELDA DAIRY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WHIDDON, JACK GEORGE,
Address: 748 RED FERN RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WHIDDON, JACK GEORGE, ,JR
Address: 7 STUTZ COURT
City-St-Zip: CHARLESTON, SC 29414

Title: PD () Delete
Name: WHIDDON, DONALD TALM, ADGE
Address: 1008 LIVELY STREET
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN W TULLY

STD

02/05/2007

Electronic Signature of Signing Officer or Director

Date