

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# 492060 1. Entity Name WHALEY'S MARKET, INC.	
---	---

Principal Place of Business 533 S. HOWARD AVE. TAMPA, FL 33606	Mailing Address 533 S. HOWARD AVE. TAMPA, FL 33606
---	---

DO NOT WRITE IN THIS SPACE



01112004 NoChg-P CR2E034(10/03)

4. FEI Number 59-1632629	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHALEY, RONALD 533 S. HOWARD AVE. TAMPA, FL

DO NOT WRITE
IN THIS SPACE

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 obligation of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required where instating)) DATE _____

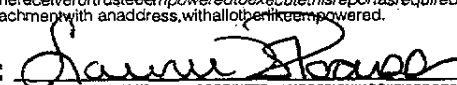
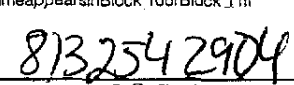
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHALEY, RONALD 2525 SUNSET LANE LUTZ, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUBLITZ, LINDA WHALEY 18409 LIVINGSTON LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PEARSON, LAURIE E 2525 SUNSET LANE LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

U000000008756
01/20/04-80078-002 150.00

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 pertinent powers.

SIGNATURE:  **JAN 15 2004** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone