


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 567769 1. Entity Name RICHARD A. WHITTINGTON, P.A.	
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Principal Place of Business 730 E. STRAWBRIDGE AVENUE SUITE #205 MELBOURNE, FL 32901	Mailing Address 730 E. STRAWBRIDGE AVENUE SUITE #205 MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1820013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITTINGTON, RICHARD A. 730 E. STRAWBRIDGE AVENUE SUITE #205 MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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, words, printed name of registered agent and the filing date. (FIC) Fee, registered agent's signature, date and words relating to the filing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000180859 01/14/05-80024-019 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WHITTINGTON, RICHARD A. 730 E. STRAWBRIDGE AVENUE - SUITE #205 MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY ST ZIP	AS WHITTINGTON, BARBARA C 730 E. STRAWBRIDGE AVENUE -SUITE #205 MELBOURNE, FL 32901	
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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:  **1-12-05 321-984-2120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR