

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 652290
1. Entity Name
ED WHALEN ASSOCIATES, INC.



Principal Place of Business
**1057 HILLSBORO MILE #121
HILLSBORO BEACH FL 33062**

Mailing Address
**P.O. BOX 2205
POMPANO BEACH FL 33061-2205
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1978261** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WHALEN, EDWARD G.
1057 HILLSBORO MILE #121
HILLSBORO BEACH FL 33062**

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 *Edward G. Whalen* DATE **3/20/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT WHALEN, ED 1057 HILLSBORO MILE 121 HILLSBORO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000476161 04/05/06-80046-017 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 files empowered.

SIGNATURE: *Edward G. Whalen* DATE **3/20/06**