

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 653993**

1. Entity Name  
**WHISPELL'S FOREIGN CARS, INC.**



**Principal Place of Business**

**2025 3RD AVE S  
PO BOX 10968  
ST PETERSBURG, FL 33733-7968**

**Mailing Address**

**2025 2NRD AVENUE SOUTH  
ST PETERSBURG, FL 33712-1213 US**



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1984627**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WHISPELL, SELDON  
2025 3RD AVE SO  
ST. PETERSBURG, FL 33712**

**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 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!!! FREE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WHISPELL, VIOLA
STREET ADDRESS	2025 3RD AVE SO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	PD
NAME	WHISPELL, SELDON
STREET ADDRESS	2025 3RD AVE SO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000413900  
02/11/06-80008-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Viola Whispell*  
Viola Whispell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-30-06*  
Date

*727 821 6400*  
Daytime Phone #