

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**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**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1984627</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>WHISPELL, VIOLA</b>
STREET ADDRESS	<b>2025 3RD AVE SO</b>
CITY-ST-ZIP	<b>ST PETERSBURG, FL</b>

TITLE	<b>PD</b>
NAME	<b>WHISPELL, SELDON</b>
STREET ADDRESS	<b>2025 3RD AVE SO</b>
CITY-ST-ZIP	<b>ST PETERSBURG, FL</b>

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01/29/08-80002-017 150.00

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

*1-18-08* *727 821 6400*  
Date Daytime Phone #