2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

DOCUMENT # F0700005287 1. Entity Name J N WHIPPLE INC.						05-14-2008	90009 031 ***15	50.00
		Mailing Address	-		-			
		PO BOX 2113 Boca Grande, Fl. 33	BOCA GRANDE, FL 33921-2113		٠.			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282008	Chg-P	CR2E034 (12/06)	
City & State		City & State	City & State		4. FEI Number 36-3194	330		oplied For
Zip Country		Zip	Country			Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	l Registered Agent		7. Name and Address of Ne				
WHIPPLE,	. JAY N III		1	Name				
4073 SHO			;	Street Address (P.O. Box Number	is Not Acceptable	e)	
	·		City				FL Zip Cod	
8. The above the obligat	named entity submits this statement for its answer of registered agent.	or the purpose of changing its	régistered	office or register	ed agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E Registered Ap	gent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees		, , ,	
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
NAME	WHIPPLE, JAY N JR.	□ Delete	NAME				∠ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4073 SHORE LANE, PO BOX 21 BOCA GRANDE, FL 339212113		STREET A	ADDRESS PO	Box 151 .e fores	r, 14 600°	45-0151	
TITLE	PD AN IIPPI F. JAVAN III	☐ Delete	TOTLE				Change	☐ Addition
NAME STREET ADORESS	WHIPPLE, JAY N III 4073 SHORE LANE, PO BOX 2	113	NAME STREET A	ADDRESS				
CITY-ST-ZIP	BOCA GRANDE, FL 339212113		CITY-ST-	- ZIP				
TITLE NAME	ST LOLLINO, MICHAEL	☐ Delete	TITLE NAME				☐ Change	Addition :
STREET ADDRESS	PO BOX 151 LAKE FOREST, IL 600450151		STREET A		•			
TITLE	BARE FOREST, IE 000430131	Π	TITLE					☐ Addition
NAME		☐ Delete		t t			Change	L
STREET ADDRESS		L. Delete	NAME STREET A	ADORESS			☐ Change	
STREET ADDRESS CITY-ST-ZIP		L.) Delete	NAME STREET A CITY-ST-				☐ Change	
CITY-ST-ZIP		☐ Delete	STREET A CITY-ST- TITLE				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		1000000	STREET A CITY-ST- TITLE NAME STREET A	- ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	- ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		1000000	STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME	ADDRESS - ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE		☐ Delete	STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS - ZIP			☐ Change	☐ Addition

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 the 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 entirewered to execute this enert 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 signature.

SIGNATURE:

UBLAND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTI

429-66

941-964-1840