


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90095 036 \*\*\*150.00

<b>DOCUMENT # F32754</b>			
1. Entity Name <b>WHITMORE PAVING, INC.</b>			
Principal Place of Business P.O. BOX 17976 WEST PALM BEACH, FL 33416		Mailing Address P.O. BOX 17976 WEST PALM BEACH, FL 33416	
2. Principal Place of Business <i>Po Box 276</i> Suite, Apt. #, etc.		3. Mailing Address <i>Po Box 276</i> Suite, Apt. #, etc.	
City & State <i>Live Oak, FL</i>		City & State <i>Live Oak, FL</i>	
Zip <i>32064</i>		Country <i>USA</i>	
4. FEI Number <b>65-0050357</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent <b>FLETCHER, CYNTHIA</b> 11 NORTH J ST. LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when it is held up.)</small>			
<b>FILE NOW! FEE IS \$100.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITMORE, JACK</b>	NAME	<i>Po Box 276</i>
STREET ADDRESS	<b>3397 BERMUDA ROAD</b>	STREET ADDRESS	<i>Live Oak, FL 32064</i>
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jack Whitmore - President</i>		Date: <i>2/22/05 (SG) 793.9238</i>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR</small>		<small>Date</small>	