2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F39383

1. Entity Name
WHISTLE STOP, INC.

Principal Place of Business	Mailing Address
197 W CAMINO REAL BOCA RATON, FL 33432	197 W CAMINO REAL BOCA RATON, FL 33432

4006y1o0

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2101001		Not Applicable
5. Certificate of Status Desired ☐		$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFLER, ROSE D.
197 W CAMINO REAL
BOCA RATON, FL 33432

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, 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	DP
NAME	SHEFFLER, ROSE
STREET ADDRESS	2798 N W 27TH TERR
CITY-ST-ZIP	BOCA RATON, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rose D. She   Rose She   3-20-06   561-395-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #