

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F52236

1. Entity Name
WHITLEY DEVELOPMENT GROUP, INC.



Principal Place of Business

**2000 PGA BLV.WAY ONE
SUITE 2204
PALM BCH., GARDENS, FL 33408**

Mailing Address

**2000 PGA BLV.WAY ONE
SUITE 2204
PALM BCH., GARDENS, FL 33408**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2137358

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

**WHITLEY, ROBERT B.
2000 PGA BLVD.NDING
SUITE 2204
PALM BCH GARDENS, FL 33408**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000712758

04/26/07-80060-006 400.00

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	WHITLEY, ROBERT B
STREET ADDRESS	2000 PGA BLVD. STE.2204
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	VP
NAME	WHITLEY, CHRISTOPHER
STREET ADDRESS	200 PGA BLVD., STE. 2204
CITY-ST-ZIP	PALM BEACH GARDEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

561-694-0055