

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90202 006 \*\*\*150.00

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04182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F97000000432</b> 1. Entity Name <b>WHITCOMB, INC.</b>					
Principal Place of Business 1750 S TELEGRAPH RD SUITE 301A BLOOMFIELD HILLS, MI 48302			Mailing Address 1750 S TELEGRAPH RD SUITE 301A BLOOMFIELD HILLS, MI 48302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>38-3340378</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUDIN, ERIC 5720 CENTRAL AVE. ST PETERSBURG, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROSENZWEIG, JACK 1750 S TELEGRAPH RD STE 301A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOVITZ, CLIFFORD J 1750 S TELGRAPH RD STE 301A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINKNER, JOSHUA 1750 S TELEGRAPH RD STE 301A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENZWEIG, MARC 1750 S TELEGRAPH RD ST 301A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 S TELEGRAPH RD STE 301A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENZWEIG, TODD 1750 S TELEGRAPH RD STE 301A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			TODD ROSENZWEIG 4/21/05 258-2146		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		