

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 027 ***150.00

DOCUMENT # F97000000432

1. Entity Name
WHITCOMB, INC.



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**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3340378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUDIN, ERIC
5720 CENTRAL AVE.
ST PETERSBURG, FL 33707**

**13577 FEATHER SOUND
SUITE 300
CLEARWATER, FL
33762**

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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
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
ROSENZWEIG, JACK
1750 S TELEGRAPH RD STE 301A
BLOOMFIELD HILLS, MI 48302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DOVITZ, CLIFFORD J
1750 S TELGRAPH RD STE 301A
BLOOMFIELD HILLS, MI 48302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LINKNER, JOSHUA
1750 S TELEGRAPH RD STE 301A
BLOOMFIELD HILLS, MI 48302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ROSENZWEIG, MARC
1750 S TELEGRAPH RD ST 301A
BLOOMFIELD HILLS, MI 48302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ROSENZWEIG, TODD
1750 S TELEGRAPH RD STE 301A
BLOOMFIELD HILLS, MI 48302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #