2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# F98000001372

Entity Name: L.A. WHIPPLE, INC.

Current Principal Place of Business:

250 NORTH MAIN ST
NEWPORT, NH 03773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48
NEWPORT, NH 03773 US

New Mailing Address:

FEI Number: 02-0219474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAROTTO, VICTORIA
1410 FOREST LAKE BOULEVARD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

HOIDAHL, VICTORIA
1410 FOREST LAKE BOULEVARD
NAPLES, FL 34105 US

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.

SIGNATURE: VICTORIA (PARROTO) HOIDAHL 04/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: WHIPPLE, ALLEN L
Address: OLD NEWPORT ROAD
City-St-Zip: NEWPORT, NH 03773

Title: V ( ) Delete
Name: WHIPPLE, CARY G
Address: 127 PINE ST
City-St-Zip: NEWPORT, NH 03773

Title: D ( ) Delete
Name: WHIPPLE, ALLEN L
Address: OLD NEWPORT ROAD
City-St-Zip: CLAREMONT, NH 03743

Title: D ( ) Delete
Name: WHIPPLE, CARY G
Address: 127 PINE ST
City-St-Zip: NEWPORT, NH 03773

Title: S ( ) Delete
Name: SKARIN, CHRISTINE W
Address: P.O. BOX 1045 OAK ST
City-St-Zip: NEWPORT, NH 03773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE W SKARIN S 04/04/2006
Electronic Signature of Signing Officer or Director Date