

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000992

Entity Name: WHISPERING COVE, INC.

FILED  
Mar 02, 2009  
Secretary of State

**Current Principal Place of Business:**

4466 US HWY 441 SE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

837 DRY RIDGE RD.  
VERSAILLES, KY 40383

**New Mailing Address:**

FEI Number: 61-1342252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, RUBEN L  
7548 NW 93 CT.  
OKEECHOBEE, FL 34972      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP      ( ) Delete  
Name: WILDER, TERRY L  
Address: 837 DRY RIDGE RD.  
City-St-Zip: VERSAILLES, KY 40383

Title: CST      ( ) Delete  
Name: WILDER, MARY J  
Address: 837 DRY RIDGE RD.  
City-St-Zip: VERSAILLES, KY 40383

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARY J WILDER

CST

03/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date