

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000992

Entity Name: WHISPERING COVE, INC.

FILED  
Jan 21, 2011  
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:**

MYERS, CAROLYN  
357 SE 36 TERRACE  
OKEECHOBEE, FL 34974 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: CAROLYN MYERS

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY JANE WILDER

CST

01/21/2011

Electronic Signature of Signing Officer or Director

Date