## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59757

Entity Name: WHAPLES & ASSOCIATES, INC.

FILED Mar 17, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14500 CONTINENTAL GATWAY 5950 LAKEHURST DRIVE ORLANDO, FL 32821

SUITE 290

ORLANDO, FL 32819

**Current Mailing Address: New Mailing Address:** 

5950 LAKEHURST DRIVE 14500 CONTINENTAL GATWAY SUITE 290 ORLANDO, FL 32821

ORLANDO, FL 32819

FEI Number: 59-2323664 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WHAPLES, TERRY WHAPLES, TERRY 14500 CONTINENTAL GATEWAY 5950 LAKEHURST DRIVE ORLANDO, FL 32821 SUITE 290

ORLANDO, FL 32819 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: 03/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete Title: (X) Change ( ) Addition WHAPLES, TERRY WHAPLES, TERRY Name: Name:

14500 CONTINENTAL GATEWAY 5950 LAKEHURST DRIVE, SUITE 290 Address: Address:

City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32819

Title: Title: **VPS** () Delete (X) Change ( ) Addition

Name: WHAPLES, TERRY Name: HAWK, SUSAN M

14500 CONTINENTAL GATEWAY 5950 LAKEHURST DRIVE, SUITE 290 Address: Address:

ORLANDO, FL 32821 ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete DVP WHAPLES, JAMES F Name: WHAPLES, JAMES F Name:

14500 CONTINENTAL GATEWAY 5950 L;AKEHURST DRIVE, SUITE 290 Address: Address:

City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32819

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: SUSAN HAWK MS 03/17/2006