




**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90181 012 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G82785</b> 1. Entity Name <b>THE WHITIFF CORPORATION</b>		
Principal Place of Business <b>1075 MASON AVENUE DAYTONA BEACH, FL 32117</b>		Mailing Address <b>1075 MASON AVENUE DAYTONA BEACH, FL 32117</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		40083100  01252007 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>59-2445977</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>GILLESPIE, THURMAN, JR., M.D. 1075 MASON AVENUE DAYTONA BEACH, FL 32117</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLESPIE JR., THURMAN 880 JOHN ANDERSON DRIVE ORMOND BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOEMAKER, EILEEN 600 JOHN ANDERSON DR ORMOND BCH, FL 32178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-3-07 <small>Date Daytime Phone #</small>