


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H14194</b> 1. Entity Name WHITTIER SQUARE, INC.	
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Principal Place of Business 5025 E. FOWLER AVE. #14 TAMPA, FL 33617 US	Mailing Address 5025 E. FOWLER AVE. #14 TAMPA, FL 33617 US
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02282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2448585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LARRINAGA, R. MICHAEL 5025 E. FOWLER AVENUE SUITE 14 TAMPA, FL 33617	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LARRINAGA, ROSARIO A 5025 E. FOWLER AVE. #14 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARRINAGA, MICHAEL R 5025 E. FOWLER AVE. #14 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, TERESA R 5025 E. FOWLER AVE. #14 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/11/05-80038-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** R. MICHAEL LARRINAGA 2/28/05 (813) 899-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #