


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90043 045 ***150.00

DOCUMENT # J42016	
1. Entity Name WHISNANT ENTERPRISES, INC.	

Principal Place of Business % I. E. WHISNANT 717 12TH ST. WEST BRADENTON FL 34205	Mailing Address % I. E. WHISNANT 717 12TH ST. WEST BRADENTON FL 34205
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20010000



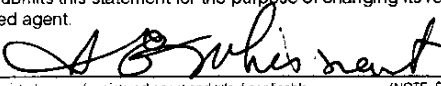
1st MOORE CR2E034 (10/04)

2. Principal Place of Business 2424 MANATEE AVE. WEST	3. Mailing Address 2424 MANATEE AVE. WEST
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State BRADENTON, FL 34205	City & State BRADENTON, FLORIDA
Zip 34205	Country USA
Zip 34205	Country MANATEE COUNTY

4. FEI Number 59-2738570	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHISNANT, I. E. 717 12TH ST. WEST BRADENTON FL 34205	
7. Name and Address of New Registered Agent Name I. E. WHISNANT Street Address (P.O. Box Number is Not Acceptable) 2424 MANATEE AVE. WEST SUITE 101 City BRADENTON FL Zip Code 34205	

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 1-28-05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHISNANT, I. E. 717 12TH ST. WEST BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP I. E. WHISNANT 2424 MANATEE AVE. WEST-SUITE 101 BRADENTON, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISNANT, FAE R. 717 12TH ST. WEST BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W FAE R. WHISNANT 2424 MANATEE AVE. WEST, SUITE 101 BRADENTON, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-28-05	DAYTIME PHONE # 941-747-5002
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