


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 2424 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34205	Mailing Address 2424 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34205
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2738570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WHISNANT, I. E.
 2424 MANATEE AVENUE WEST
 SUITE 101
 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered Agent signature required when reinstating)

U00000379281
 01/10/06 86824-021 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHISNANT, I. E. 2424 MANATEE AVENUE STE 101 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHISNANT, FAE R. 2424 MANATEE AVENUE STE 101 BRADENTON, FL 34205
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
I. E. WHISNANT

Jan. 5, 2006 941-747-5002
Date Daytime Phone #