

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50806

Entity Name: WHISPER CREEK, INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1980 HICKORY DR  
LABELLE, FL 33935

## New Principal Place of Business:

3745 NORTH STATE RD. 29 SW  
LABELLE, FL 33935

## Current Mailing Address:

1980 HICKORY DR  
LABELLE, FL 33935

## New Mailing Address:

3745 NORTH STATE RD. 29 SW  
LABELLE, FL 33935

FEI Number: 65-0029301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHIRLEY, JUANITA M TREAS  
1980 HICKORY DRIVE  
LABELLE, FL 33935 US

## Name and Address of New Registered Agent:

SHIRLEY, JUANITA M TREAS  
3745 NORTH STATE RD. 29 SW  
LABELLE, FL 33935 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: JUANITA M. SHIRLEY

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: CAVIN, LEO J PRES  
Address: 4365 POLLYWOG DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: S/D ( ) Delete  
Name: CHRISTENSON, CHERI L SEC  
Address: 571 SHADOW LN.  
City-St-Zip: LABELLE, FL 33935 US

Title: T/D ( ) Delete  
Name: SHIRLEY, JUANITA M TREAS  
Address: 1980 HICKORY DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D ( ) Delete  
Name: SHIRLEY, WALTER A VICE PR  
Address: 1980 HICKORY DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D ( ) Delete  
Name: CHRISTENSON, DARRELL L VICE PR  
Address: 571 SHADOW LN  
City-St-Zip: LABELLE, FL 33935 US

Title: EVP/ ( ) Delete  
Name: CAVIN, MARJORIE J EX VP  
Address: 4365 POLLYWOG DRIVE  
City-St-Zip: LABELLE, FL 33935 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CAVIN, JANET K VP/D  
Address: % 3745 NORTH STATE RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

Title: S/D (X) Change ( ) Addition  
Name: CHRISTENSON, CHERI L SEC  
Address: % 3745 NORTH STATE RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

Title: T/D (X) Change ( ) Addition  
Name: SHIRLEY, JUANITA M TREAS  
Address: % 3745 NORTH STATE RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D (X) Change ( ) Addition  
Name: SHIRLEY, WALTER A VICE PR  
Address: % 3745 NORTH STATE RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

Title: VP/D (X) Change ( ) Addition  
Name: CHRISTENSON, DARRELL L VICE PR  
Address: % 3745 NORTH STATE RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

Title: P/D (X) Change ( ) Addition  
Name: CAVIN, WILLIAM J P  
Address: % 3745 NORTH ST. RD. 29 SW  
City-St-Zip: LABELLE, FL 33935 US

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: JUANITA M. SHIRLEY

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04/24/2006

Electronic Signature of Signing Officer or Director

Date