## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90028 045 \*\*\*150.00

4

DOCUMENT # J	65668
--------------	-------

1. Entity Name

OCALA, FL 34476

INVESTMENTS BY WHITTAKER, INC.

Principal Place of Business 6913 S.W. HIGHWAY 200

Mailing Address

PO BOX 771149 OCALA, FL 34477

US



02142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2849099 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADEL GARRY DIESO

BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A. 4 SE BROADWAY OCALA, FL 34471			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with	i, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!!-FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTAKER, JOHN A JR. 6913 S.W. HIGHWAY 200 OCALA, FL 34476			. *		;
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ACORES CITY-ST-ZIP				IN T	THIS SPACE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				···		:
12. Thereby of	certify that the information supplied with this fi	ling does not qualify for the exc	emptions cor	ntained in Chapter 119	<ol><li>Florida Statutes. I further certify that the</li></ol>	information

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

4/10/08

352-873-3471

Daytime Phone #