

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # J71726

1. Entity Name
WHITEMORE, DENSON, P.A.



Principal Place of Business
ONE BEACH DRIVE, S.E.
SUITE 205
ST. PETERSBURG, FL 33701

Mailing Address
ONE BEACH DRIVE, S.E.
SUITE 205
ST. PETERSBURG, FL 33701



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2798519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEMORE, KENT G., ESQ.
ONE BEACH DRIVE S.E.
SUITE 205
ST. PETERSBURG, FL 33701

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITEMORE, KENT G.
STREET ADDRESS 1 BEACH DR. S.E., STE 205
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE T
NAME WHITEMORE, KENT G.
STREET ADDRESS 1 BEACH DR. S.E., STE 205
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE S
NAME DENSON, BRUCE H
STREET ADDRESS 1 BEACH DR SE STE 205
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000227609
02/14/05-80007-005 150.00

**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)(f), 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent G. Whittemore, President

Date

1/5/05

Daytime Phone #

727-84-875