2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81625

FILED May 03, 2007 Secretary of State

Entity Name: WHISPER WINDS TREEFARM & SOD INC

Entity Nar	ne: WHISPE	R WINDS TREEFARM & SOD,	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	E-APOPKA F L 347612147				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX (OCOEE, F					
FEI Number:	59-2844203	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
OCOEE, F	E-APOPKA R L 34761 L	JS	urnose of changing its registered	d office or registered agent, or both,	
	of Florida.	submits this statement for the pr	arpose of changing its registered	a office of registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (STRAWDER, I 441 OCOEE-A OCOEE, FL 3	POPKA ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (STEPHANIE S 441 OCOEE-A OCOEE, FL 3	POPKA ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE STRAWDER DV 05/03/2007