2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44915

Name:

Address:

City-St-Zip:

WHITEHURST, ROBERT,, JR.

KEY LARGO, FL 33037

214 2ND ST

FILED Jan 13, 2009 Secretary of State

Entity Name: WHITEHUR	ST FAMILY, INC.		•	
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
104075 OVERSEAS HWY P.O. BOX 1637 KEY LARGO, FL 33037 U	us	104075 OVERSEAS HW KEY LARGO, FL 33037		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
PO BOX 1637 KEY LARGO, FL 33037				
FEI Number: 65-0088709 F	FEI Number Applied For() FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Cur	rent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SCHWEISS, KRISTY 994 SHAW DR KEY LARGO, FL 33037 U	US			
The above named entity sub in the State of Florida.	omits this statement for the purpos	e of changing its registered o	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent			Date	
Election Campaign Financing Tr	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () De Name: SCHWEISS, KRIST		Title: P (X	() Change()Addition RISTY,	

994 SHAW DR. Address: 994 SHAW DR. Address: City-St-Zip: KEY LARGO, FL City-St-Zip: KEY LARGO, FL 33037 Title: VPT () Delete Title: VPT (X) Change () Addition WHITEHURST, KATHY, WHITEHURST, KATHY, Name: Name: Address: M.M. 104, U.S. 1 Address: M.M. 104, U.S. 1 KEY LARGO, FL KEY LARGO, FL 33037 City-St-Zip: City-St-Zip:

Title: VP () Delete Title: () Change () Addition

Name: Address: City-St-Zip:

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: KRISTY SCHWEISS P 01/13/2009