

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90033 028 \*\*\*150.00

<b>DOCUMENT # K48882</b> 1. Entity Name <b>WHITMYER WHEELCHAIRS, INC.</b>					
Principal Place of Business <b>1833 JUNWIN CT TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>1833 JUNWIN CT TALLAHASSEE, FL 32808 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>1406 Beach Club Ln</b>		
City & State			City & State <b>APOLLO Beach FL</b>		
Zip		Country		Zip <b>33572</b>	
Country <b>USA</b>		4. FEI Number <b>59-2922346</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITMYER, JODY J. 1406 BEACHCLUB LANE APOLLO BEACH, FL 33572</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVS WHITMYER, JODY 1406 BEACHCLUB LANE APOLLO BCH, FL 33572</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T WHITMYER, JODY 1406 BEACHCLUB LANE APOLLO BEACH, FL 33572</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>			<b>2/13/06 813 508 2355</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

*Please update*



02012006 Chg-P CR2E034 (11/05)