

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K79782

1. Entity Name
WHATLEY EQUIPMENT REPAIRS, INC.



Principal Place of Business
3409 CARSON ROAD
IMMOKALEE FL, 34142 US

Mailing Address
P.O. BOX 1126
IMMOKALEE, FL 34143 US

DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0115898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHATLEY, WILLIE B.
3109 CARSON ROAD
IMMOKALEE FL, FL 34142

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WHATLEY, WILLIE B.
STREET ADDRESS	3409 CARSON ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D
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STREET ADDRESS	3409 CARSON ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE WHATLEY

Date

1/17/06 239-657-3383

Daytime Phone #