

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00166

Entity Name: WHISNANT GLASSING, INC.

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

MICHAEL WAYNE WHISNANT  
2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233

## New Principal Place of Business:

2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233

## Current Mailing Address:

MICHAEL WAYNE WHISNANT  
2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233

## New Mailing Address:

2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233

FEI Number: 59-2959221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHISNANT, MICHAEL WAYNE  
2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233 US

## Name and Address of New Registered Agent:

WHISNANT, MICHAEL W DP  
2904 MAYPORT ROAD  
JACKSONVILLE, FL 32233 US

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.

SIGNATURE: MICHAEL W. WHISNANT

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WHISNANT, MICHAEL W  
Address: 1208 14TH ST N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V ( ) Delete  
Name: WHISNANT, SANDRA S  
Address: 1208 14TH ST N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. WHISNANT

DP

04/11/2007

Electronic Signature of Signing Officer or Director

Date