

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21669

FILED
Jan 16, 2008
Secretary of State

Entity Name: WHISPERING PINES CHRISTMAS TREE FARM, INC.

Current Principal Place of Business:

1603 PENTON RD.
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

1603 PENTON ROAD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-2988791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, DANIEL
4519B HIGHWAY 90
PACE, FL 32571 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHNOOR, DEAN F.,
Address: 1603 PENTON RD
City-St-Zip: MILTON, FL 32570 US

Title: DVS () Delete
Name: SCHNOOR, JOYCE,
Address: 1603 PENTON RD
City-St-Zip: MILTON, FL 32570 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: SCHNOOR, GREG,
Address: 3001 BAYVIEW WAY
City-St-Zip: PENSACOLA, FL 32503

Title: DIR () Change (X) Addition
Name: KELLY, MIKE,
Address: 5137 POTOMAC DRIVE
City-St-Zip: PACE, FL 32571

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: SCHNOOR, DEAN F.

DPT

01/16/2008

Electronic Signature of Signing Officer or Director

Date