## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jun 05, 2007 08:00 AM DOCUMENT # L65033 Secretary of State 1. Entity Name WHITAKER ASSOCIATES, INCORPORATED Principal Place of Business Mailing Address C/O JESSE DONALD WHITAKER 3462 CURRYVILLE ROAD CHULUOTA FL 32766 % JESSE DONALD WHITAKER P.O. BOX 620579 OVIEDO FL 32762-0579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2998437 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WHITAKER, JESSE DONALD Street Address (P.O. Box Number is Not Acceptable) 3448 CURRYVILLE ROAD CHULUOTA FL 32766 City Zıp 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete THILE Change WHITAKER, JESSE DONALD NAME U00000765879 NAME 3448 CURRYVILLE ROAD STREET ADDRESS STREET ADDRESS 06/05/07-80001-014 558.75 CHULUOTA FL 32766 CITY-ST-7IP CITY - ST - ZIP ☐ Addition TITLE ☐ Change ☐ Delete THE WHITAKER, TIMOTHY S NAME NAME 3448 CURRYVILLE ROAD STREET ADDRESS STREET ADDRESS CHULUOTA FL 32766 CHY-SI-7P CITY-ST-ZIP THE Delete TITLE □ Change ■ Addition WHITAKER, BRENDA JOYCE NAME NAME 3448 CURRYVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHULUOTA FL 32766 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TYRE, KELLY NAME NAME 13592 OLD DOCK ROAD STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-S1-7IP CITY - ST-7IP THE Delete Addition NAME NAME

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 logal effect as if made under eath, 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.

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date Daytima Phone ≰

Addition

☐ Change