2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L83182

1. Entity Name
W & C WHITLOCK, INC.

Principal Place of Business	Mailing Address
% WILLIAM L. WHITLOCK 3863-A SOUTH NOVA RD PORT ORANGE, FL 32127-4959	% WILLIAM L. WHITLOCK 3863-A SOUTH NOVA RD PORT ORANGE, FL 32127-4959

02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3035513
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITLOCK, WILLIAM L.
3863-A SOUTH NOVA RD
PORT ORANGE, FL 32119

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000463262
03/21/06-80066-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITLOCK, CAROL ANN
STREET ADDRESS	3863 A S. NOVA ROAD
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	VD
NAME	WHITLOCK, WILLIAM L
STREET ADDRESS	3863 A S. NOVA ROAD
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	SD
NAME	WHITLOCK, BARBARA
STREET ADDRESS	3863-A SOUTH NOVA RD
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	T
NAME	BENNETT, SUSAN
STREET ADDRESS	1165 BUTTERMILK LA
CITY-ST-ZIP	PORT ORANGE, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Carolann Whitlock 3/8/06 386 761 8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #