2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83182

Entity Name: W & C WHITLOCK, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% WILLIAM L. WHITLOCK 3863 S. NOVA RD. 3863-A SOUTH NOVA RD SUITE A

PORT ORANGE, FL 321274959 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

% WILLIAM L. WHITLOCK 3863-A SOUTH NOVA RD 3863 S. NOVA RD.

SUITE A PORT ORANGE, FL 321274959 PORT ORANGE, FL 32127

FEI Number: 59-3035513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITLOCK, WILLIAM L WHITLOCK, WILLIAM L 3863-A SOÚTH NOVA RD 3863 S. NOVA RD.

PORT ORANGE, FL 32119 US SUITE A PORT ORANGE, FL 32127 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: WILLIAM L. WHITLOCK 01/16/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WHITLOCK, CAROL ANN WHITLOCK, CAROL ANN Name: Name: Address:

3863 A S. NOVA ROAD 3863 A S. NOVA ROAD Address: City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32127

VD Title: VD Title: () Delete (X) Change () Addition WHITLOCK, WILLIAM L Name: WHITLOCK, WILLIAM L Name:

3863 A S. NOVA ROAD 3863 A S. NOVA ROAD Address: Address: PORT ORANGE, FL PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: SD SD WHITLOCK, BARBARA, CROSBY, BARBARA A Name: Name:

3863-A SOUTH NOVA RD 3863-A SOUTH NOVA RD Address: Address: City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete Title: (X) Change () Addition

BENNETT, SÚSAN BENNETT, SUSAN Name: Name: Address: 1165 BUTTERMILK LA Address: 1165 BUTTERMILK LA City-St-Zip: PORT ORANGE, FL 33129 City-St-Zip: PORT ORANGE, FL 32129

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: SUSAN BENNETT Τ 01/16/2007