


FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90126 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M95650			
1. Entity Name WHIRLEE ENTERPRISES, INC.			
Principal Place of Business % FOREST J. SHUTT 2612 EXCHANGE AVE. LAKELAND, FL 33801		Mailing Address % FOREST J. SHUTT 2612 EXCHANGE AVE. LAKELAND, FL 33801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHUTT, FOREST J. 2612 EXCHANGE AVE. LAKELAND, FL 33801		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when necessary)</small>			
FILE NOW!!! FEB. 18, \$150.00 After May 4, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHUTT, FOREST J. 2612 EXCHANGE AVE. LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ABERCROMBIE, JAMES E. 2727 GIB-GALLAWAY RD LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Forest J. Shutt</i> FOREST J. SHUTT, PRESIDENT		Date FEB. 12, 2005 863-665-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50034286



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2906979** Applied For Not Applicable

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