

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005836

FILED
May 14, 2007
Secretary of State

Entity Name: WHISKER'S FRIENDS, INC.

Current Principal Place of Business:

170 SANTANA ROAD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 611515
ROSEMARY BEACH, FL 32461

New Mailing Address:

FEI Number: 59-3744934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EVANS, JANET
170 SANTANA ROAD
SANTA ROSA BEACH, FL 32459 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, RENA M
Address: 146 BAY TRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: EYER, JOELLEN
Address: 56 E. SHALLOWS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: EVANS, JANET
Address: 170 SANTANA ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: ROBERTS, JULIAN
Address: 43 JOANNA DRIVE
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D () Delete
Name: HALL, KARIS J
Address: 170 SANTANA ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SELLERS, NANCY
Address: 407 LAKEVIEW DRIVE
City-St-Zip: SEAGROVE BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET EVANS

D

05/14/2007

Electronic Signature of Signing Officer or Director

Date